

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155686	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/05/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-KNOX	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E CULVER RD KNOX, IN 46534
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/05/13</p> <p>Facility Number: 000088 Provider Number: 155686 AIM Number: 100289260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Knox 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 III (211) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and in spaces open to the corridors. Resident rooms</p>	K010000		

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>were provided with battery powered smoke detectors. The facility has the capacity for 75 and had a census of 50 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. One detached storage shed was unsprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K010014 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure the interior finish for 1 of 5 exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings had a flame spread rating (FSR) of Class A or Class B. This deficient practice affects visitors, staff and 10 or more residents on the east wing.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 12:55 p.m., 32 assembled puzzles covered two walls of the east wing activity room. The room was open to the corridor and served as access to an emergency exit for the east wing. The maintenance director said at the time of observation, he had no FSR information for the wall covering.</p> <p>3.1-19(b)</p>	K010014	<p>K 014 1. Puzzles in east wing activity room were removed on 12-6-2013. 2. All facility rooms inspected for puzzles on walls with no findings. 3. Activity Director was in-serviced by Executive Director on 12-6-2013 regarding alleged deficiency. 4. Executive Director will monitor compliance weekly and report outcome to QAPI committee monthly. 5. Completion date: January 4, 2014.</p>	01/04/2014	

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K010025 SS=E	<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 an opening in a ceiling smoke partition for 1 of 4 smoke compartments was sealed to limit the transfer of smoke. LSC 8.2.4.1 requires smoke partitions shall limit the transfer of smoke. This deficient practice could affect visitors, staff and and 10 or more residents in the north smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 12:20 p.m., a half inch annular gap was unsealed around the pendant the sprinkler head in the social services office where the escutcheon was missing. The maintenance director said at the time of observation, he hadn't known the escutcheon was missing.</p>	K010025	<p>K 025 1. Escutcheon installed to close gap around the pendant sprinkler head in Social Service office on 12-6-2013. 2. All sprinkler heads in offices were inspected on 12-6-2013 with no additional findings. 3. Maintenance Director completed review of K 025 Tag on 12-6-2013. 4. Maintenance Director or designee will monitor monthly for compliance and report to QAPI committee. 5. Completion date: January 4, 2014.</p>	01/04/2014			

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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 provide automatic door closers on 1 of 8 doors providing access to hazardous areas. Sprinklered hazardous areas are required to be equipped with self closing doors or with doors that close automatically upon activation of the fire alarm system. This deficient practice could affect visitors, staff and 10 or more residents in the east smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director 12/05/13 at 1:15 p.m., the door protecting the corridor opening for the east wing soiled linen room had no self closer. The room was used for the collection of soiled linen and trash receptacles which were each half full.</p>	K010029	<p>K 029 1. Self closing door knob ordered on 12-19-2013 and will be installed upon receipt on east wing soiled utility room. 2. Two other soiled utility room door knobs inspected and both have self closing door knobs. 3. Maintenance Director completed review of K 029 Tag on 12-6-2013. 4. N/A 5. Completion date: January 4, 2014</p>	01/04/2014			

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	The maintenance supervisor acknowledged at the time of observation, the door was not self closing.  3.1-19(b)			

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure the exit discharge for 1 of 5 exits was readily accessible. LSC 7.1.10.1 requires a means of egress shall be continuously maintained free of all obstructions or impediments to full and instant use in case of fire or other emergency. This deficient practice affects visitors, staff and 20 or more residents in the main dining room smoke compartment and east wing.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 1:35 p.m., the six foot tall gate in a chain link fence providing access to the public way for emergency exit from the dining room smoke compartment and east wing had a concrete block standing against the gate on the side opposite the means of egress. The maintenance director acknowledged at the time of observation, the block could interfere with opening the gate in an emergency.</p> <p>3.1-19(b)</p>	K010038	<p>K 038 1. Block was removed from gate. 2. There are no other closing gates on the property. 3. Maintenance Director reviewed K 038 on 12-6-2013. 4. Maintenance Director or designee will monitor 5 times weekly for compliance and report outcome of monitoring to QAPI committee. 5. Completion date: January 4, 2014.</p>	01/04/2014			

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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>1. Based on observation and interview, the facility failed to ensure sprinkler piping for 1 of 1 automatic sprinkler systems was maintained free of external loads. NFPA 25, 2-2.2.2 requires sprinkler piping shall be not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 between 12:30 p.m. and 3:00 p.m., a sprinkler pipe in room 29 was used as a hanger for television cable zip tied to it. In the maintenance shop a thick bundle of wires was secured to the overhead sprinkler pipe. The maintenance director said at the time of observation he didn't know the use was prohibited.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview,</p>	K010062	<p>K 062 1. The cables were removed from the sprinkler pipe in room 29. Bundle of wires were removed from the sprinkler pipe in the maintenance room.</p> <p>2. All rooms inspected for alleged deficiency with no additional findings. 3. Maintenance Director reviewed K 062 Tag on 12-6-2013. 4. Maintenance Director or designee will monitor monthly and report outcome to QAPI committee. 5. Completion date: January 4, 2014.</p>	01/04/2014			

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	<p>the facility failed to ensure 1 of 6 sprinkler heads in the kitchen was free of foreign materials such as paint. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice could affect staff, visitors and 20 or more residents in the adjacent dining room smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 1:40 p.m., the sprinkler head protecting access to the kitchen cooler had paint on the deflector. The maintenance director acknowledged at the time of observation, the paint should not have been on the sprinkler head.</p> <p>3.1-19(b)</p>				

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K010064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure annual and monthly checks were provided for 3 of 10 portable fire extinguishers protecting the center smoke compartment. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. NFPA 10, 4-2.2 defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance an extinguisher will operate effectively and safely. NFPA 10, 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect 6 or more staff, visitors and any resident on the south side facility.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 between 2:30 p.m.</p>	K010064	<p>K 064 1. The three fire extinguishers in question were inspected, dated and initialed on 12-5-2013. 2. All other fire extinguisher inspections were in compliance per review with Surveyor on 12-5-2013. 3. Maintenance Director reviewed K 064 Tag on 12-6-2013. 4. Executive Director or designee will monitor tags monthly and report outcome to QAPI committee. 5. Completion date: January 4, 2-14.</p>	01/04/2014	

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	<p>and 2:45 p.m., the service and inspection tags on the portable fire extinguishers protecting the generator room, the general storage room and the south service corridor exit each noted the last monthly check had been done 10/13. The maintenance director said at the time of observations, he "missed" these during his November fire extinguisher checks.</p> <p>3.1-19(b)</p>			

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K010066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 facility smoking policies and ensure smoking was limited to designated smoking areas by persons authorized to smoke on the property. This deficient practice could affect staff, visitors and any resident on the south side facility.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 2:50 p.m., an</p>	K010066	K 066 1. Cigarette debris and stool removed from identified area. 2. All staff in-serviced regarding smoking policy. 3. Maintenance Director, Executive Director or designee will monitor for smoking policy compliance 5 times weekly. 4. Monitoring outcome will be reported to QAPI committee. 5. Completion date: January 4, 2014.	01/04/2014			

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	<p>accumulation of cigarette butts carpeted a grassy area beside and behind the generator building where a wooden stool sat. The maintenance director said at the time of observation, no smoking was permitted on the property by anyone except two residents whose designated smoking area was located in another supervised area. He identified an area in a distant parking lot where two staff were observed smoking as "off the property" where staff could smoke. A review of the smoking policy provided by the executive director during record review on 12/05/13 at 3:00 p.m., with the most recent revision date of 01/01/09 was titled Smoking and Tobacco Use. The policy states: The Company is committed to a tobacco free environment for employees, residents, and visitors; therefore, smoking and otherwise using tobacco products is prohibited by employees in or on Golden Living-owned or leased buildings, grounds, parking lots, ramps, vehicles, and sidewalks adjacent to Golden Living properties. The executive director agreed at the time of record review, there was nothing in the policy provided to allow smoking in the area where evidence of smoking was evidenced by the cigarette butts littering the ground.</p> <p>3.1-19(b)</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155686	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  12/05/2013
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-KNOX			STREET ADDRESS, CITY, STATE, ZIP CODE 300 E CULVER RD KNOX, IN 46534		
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K010076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 cylinders of nonflammable gases in the oxygen supply storage room was properly stored; chained or supported in a cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraints shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect visitors, staff and 10 or more residents in the north smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 at 1:25 p.m., one oxygen e-cylinder was stored without support in the oxygen supply storage room adjacent to a gas cylinder rack</p>	K010076	<p>K 076 1 The cylinder in question was placed immediately in the cylinder rack. 2. There are no other oxygen storage areas in the facility. 3. Direct care staff were in-serviced regarding alleged deficiency. 4. Director of Nursing or designee will monitor five times weekly for compliance and report outcome to QAPI committee.</p>	01/04/2014	

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	<p>designed for storing oxygen cylinders. The maintenance director said at the time of observation, the cylinder should have been stored in the rack and put the cylinder in one of the empty spaces available in the rack.</p> <p>3.1-19(b)</p>			

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <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>Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets in the oxygen storage and transfer room was located at least five feet above the floor. 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 five feet above the floor to avoid physical damage. This deficient practice could affect staff, visitors and 10 or more residents in the north smoke compartment.</p> <p>Findings include:</p>	K010143	<p>K 143 1. Outlet in the oxygen room was removed and covered. 2. There are no other outlets in the oxygen room. This is the only oxygen storage room in the facility. 3. Maintenance Director reviewed the K 143 tag on 12-6-2013. 4. N/A. 5. Completion date: January 4, 2014.</p>	01/04/2014			

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	<p>Based on observation with the maintenance director and executive director on 12/05/13 at 1:15 p.m., an electrical outlet in the oxygen transfer and storage room was located 12 inches above the floor. The maintenance director acknowledged at the time of observation, the electrical wall outlet was less than five feet above the floor.</p> <p>3.1-19(b)</p>			

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K010147 SS=E	<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 flexible cords were not used as a substitute for fixed wiring in 2 of 4 smoke compartments. NFPA 70, the National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff, visitors and 10 or more residents in the north and east smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and executive director on 12/05/13 between 12:15 p.m. and 2:00 p.m., power strip extension cords located under resident beds were used to provide power to common electrical equipment in rooms 6 and 22 and to a medical grade air mattress and oxygen concentrator in room 23. The maintenance director acknowledged the use of the power strips in these areas at the time of observations</p> <p>3.1-19(b)</p>	K010147	<p>K 147 1. Quad outlet extensions ordered on 12-19-2013. Outlets will be installed in rooms 6, 22 and 23 upon receipt. 2. All rooms were inspected for the alleged deficiency. Any identified power strips will be removed and quad outlets will be ordered and installed. 3. All staff were in-serviced regarding the alleged deficiency. 4. Maintenance Director will inspect all resident rooms weekly for compliance and report to QAPI committee. 5. Completion date: January 4. 2-14.</p>	01/04/2014			

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