

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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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: 04/10/14</p> <p>Facility Number: 000063 Provider Number: 155138 AIM Number: 100266210</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Indianapolis 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 with a basement was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 115 and had a census of 92 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</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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K010048 SS=D	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review, observation and interview; the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice could affect five kitchen staff.</p> <p>Findings include:</p> <p>Based on review of "Emergency Action Plan: Fire" documentation with the Director of Maintenance during record review from 9:15 a.m. to 11:00 a.m. on 04/10/14, the fire disaster plan did not address the use of the</p>	K010048	All kitchen staff training and In-servicing on activating and using the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher will be completed on or before 5/1/2014. Fire disaster plans will be updated to include the use of the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher. This will be completed on or before 5/1/2014.	05/01/2014

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K010052 SS=E	<p>K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, a K-class fire extinguisher was located in the kitchen. Based on interview at the time of record review, the Director of Maintenance acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to maintain 1 of 48 smoke detectors in accordance with NFPA 72. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, smoke detectors shall not be located where airflow prevents operation of the detectors. NFPA 72, A-2-3.5.1 explains smoke detectors should not be located in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening. This deficient practice could affect 10 residents, staff and visitors in the Gathering Place Room.</p> <p>Findings include:</p>	K010052	This deficient practice could affect 10 residents, staff and visitors in the Gathering Place Room. The smoke detector in the gathering place was relocated to in excess of 3feet away from the ceiling fan on 4/18/2014.All other smoke detectors were inspected on 4/18/2014 with no additional findings.	04/18/2014			

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K010056 SS=A	<p>Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, the smoke detector in the Gathering Place Room was located on the ceiling ten inches from an operable ceiling fan. Based on interview at the time of observation, the Director of Maintenance acknowledged the aforementioned smoke detector was located on the ceiling within three feet of a ceiling fan.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient</p>	K010056	This deficient practice could affect 2 staff and visitors in the basement Maintenance ShopA new support assembly was added to the unsupported sprinkler system pipe in the basement. 4/14/2014All other sprinkler pipes were inspected with no additional findings. Corrected on 4/14/2014	04/14/2014

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K010062 SS=D	<p>practice could affect 2 staff and visitors in the basement Maintenance Shop.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, a 52 inch horizontal length of steel sprinkler pipe installed in the basement Maintenance Shop was unsupported to a sprinkler. Based on interview at the time of observation, the Director of Maintenance acknowledged the aforementioned sprinkler location was an unsupported armover greater than 24 inches in length for a steel pipe.</p> <p>3.1-19(b) 3.1-19(ff) 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>Based on observation and interview, the facility failed to replace 3 of over 100 sprinklers in the facility which had become corroded, had paint, lint or other foreign materials on them. 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. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice</p>	K010062	<p>This deficient practice could affect one staff and visitors in the basement Laundry. The lint located on the sprinkler heads above and behind the dryers were cleaned on 4/10/2014. All other sprinkler heads will be inspected and cleaned if necessary by 4/30/2014. To ensure this deficient practice does not recur the cleaning of the sprinkler heads will be added and documented on the facility's monthly smoke detector cleaning and testing schedule. 4/30/2014</p>	04/30/2014			

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K010068 SS=D	<p>could affect one staff and visitors in the basement Laundry.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, each of two automatic sprinklers located behind the dryers in the basement Laundry were covered with lint. In addition, the automatic sprinkler located in the basement Laundry near the laundry chute was covered with lint. Based on interview at the time of the observations, the Director of Maintenance acknowledged the aforementioned automatic sprinklers were covered with lint.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 laundry rooms was provided with intake combustion air taken directly from the outside for rooms containing fuel fired equipment in accordance with LSC Section 19.5.2.2. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for one staff in the laundry.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, each of two outside air intakes behind three natural</p>	K010068	<p>All insulation on each of the two intakes has been removed. 4/14/2014 To ensure to does recuff maintenance staff will be inserviced on keeping insulation away from the air intakes by 4/30/2014</p>	

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K010130 SS=C	<p>gas fired dryers in the basement Laundry were entirely covered with insulation which did not provide air taken directly from the outside for fuel fired equipment. Based on interview at the time of observation, the Director of Maintenance stated the outside air intakes were covered because of the extreme cold and acknowledged the gas fired dryers were not provided with fresh air taken directly from the outside.</p> <p>3.1-19(b) NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 59 of 59 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of monthly "Floor Plan Format" documentation with the Director of Maintenance during record review from 9:15 a.m. to 11:00 a.m. on 04/10/14, documentation of battery operated smoke detector cleaning within the most recent twelve month period was not available for review. The aforementioned maintenance log for resident room battery operated smoke detectors documented testing and battery replacement for the twelve month period of April 2013 through March 2014 but did not</p>	K010130	This deficient practice has the potential to affect all visitors and residents. All smoke detectors will be inspected and or cleaned by 4/30/2014. To ensure that this deficient practice does not recur the facility will add "smoke detector cleaning" to the smoke detector testing schedule so that detectors are cleaned during their monthly tests.				

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	<p>document any periodic cleaning. Based on observations with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 2:15 p.m. on 04/10/14, battery operated smoke detectors are installed in each of 59 resident sleeping rooms. Manufacturer's specifications affixed to each First Alert Model SA710 smoke detector stated to clean the detector monthly. Based on interview at the time of record review and of the observations, the Director of Maintenance stated each battery operated smoke detector is cleaned with compressed air at the time of monthly testing but acknowledged cleaning documentation for the most recent twelve month period was not available for review.</p> <p>3.1-19(a)</p>			