

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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K 0000 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: 05/16/16</p> <p>Facility Number: 000177 Provider Number: 155278 AIM Number: 100289860</p> <p>At this Life Safety Code survey, Golden Living Center-Bloomington 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 V (000) construction and was fully sprinklered. 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 153 and had</p>	K 0000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the residents of Golden Living (of Bloomington). The Facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this <i>Plan of Correction</i> shall service as the credible allegation of compliance with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute <i>only</i>.</p>	
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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 0017 SS=D Bldg. 01	<p>a census of 125 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 one wood framed shed used for facility storage.</p> <p>Quality Review completed on 05/18/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 Based on observation and interview, the facility failed to ensure 1 of 8 open use areas were separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above or met an Exception. LSC 19.3.6.1,</p>	K 0017	The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: It shall be the policy of Golden Living (of Bloomington) to insure that all areas are fully sprinklered and/or protected by an electrically supervised, automatic smoke	06/15/2016

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	<p>Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system shall be permitted to have spaces unlimited in size open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect mostly staff while in the basement where no residents are allowed.</p> <p>Findings include:</p> <p>Based on observation on 05/16/16 at 12:00 p.m. during a tour of the facility with the Director of Plant Operations, the employee lounge in the basement was open to the corridor. Exception #1</p>		<p>detection system in accordance with NFPA 101 Life Safety Code Standard (Section 6.1). I-II) An electrically supervised, automatic smoke detection system will be installed that includes the referenced <i>Employee Lounge</i>. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>		

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K 0038 SS=E Bldg. 01	<p>requirement (c) of LSC 19.3.6.1 was not met as follows: The employee lounge in the basement was not protected by an electrically supervised automatic smoke detection system, or the entire space was not arranged and located to allow direct supervision by the facility staff from the nurses' station or similar staffed space. This was acknowledged by the Director of Plant Operations at the time of observation.</p> <p>3-1.19(b)</p> <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 exit egress for 1 of 12 exits was arranged to minimize tripping hazards in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.1.6 requires that walking surfaces in the means of egress shall comply with 7.1.6.2 through 7.1.6.4. LSC Section 7.1.6.2 requires abrupt changes in elevation shall not exceed 1/4 inch. LSC Section 7.1.6.3 requires walking surfaces to be nominally level. This deficient practice could affect up to</p>	K 0038	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: It shall be the policy of Golden Living (of Bloomington) to insure that exits are readily accessible at all time in accordance with NFPA 101 Life Safety Code Standard (section 7.1). I-II) The sidewalk outside the ACU ("B" Hall Exit Door) will be repaired to insure a safe and accessible means of egress from the ACU. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar</p>	06/15/2016

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K 0050 SS=F Bldg. 01	<p>28 residents, as well as staff and visitor in the ACU.</p> <p>Findings include:</p> <p>Based on observation on 05/16/16 at 12:40 p.m. during a tour of the facility with the Director of Plant Operations, the side walk three feet outside the ACU B hall exit door had a six foot wide crack with a one inch to two inch rise. The grade change could create a tripping hazard. Based on interview at the time of observation, the Director of Plant Operations acknowledged the one inch to two inch grade change in the sidewalk that could be a tripping hazard.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p>		<p>occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	

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K 0071 SS=E Bldg. 01	<p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 05/16/16 at 10:45 a.m. with the Director of Plant Operations present, the facility performed twelve fire drills during the past twelve months, however, the facility lacked fire drill documentation for the second shift (evening) of the second quarter (April, May and June) of 2015. This was confirmed by the Director of Plant Operations at the time of record review.</p> <p>3.1-19(b)</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>	K 0050	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: It shall be the policy of Golden Living (of Bloomington) to insure that unannounced fire drills occur in accordance with NFPA 101 Life Safety Code Standard (section 7.1). I-II) Unannounced fire drills will occur at least quarterly and on each shift. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	06/15/2016			

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	<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>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 Based on observation and interview, the facility failed to ensure 1 of 1 laundry chute doors was provided with a fire door which latched automatically into the door frame, would prevent the passage of smoke and fire, and was a 1 hour fire rated door assembly. This deficient practice could affect up to 4 residents whom reside in the Rehab Hall, as well as residents, staff, and visitors while in the Rehab Hall and Rehab Gym.</p> <p>Findings include:</p> <p>Based on observation on 05/16/16 at 11:45 a.m. during a tour of the facility with the Director of Plant Operations, the soiled laundry chute door in the Rehab Hall was not provided with a properly working latching device which allowed the laundry chute door to latch automatically when the door self-closed. There was a pad lock to keep it locked.</p>	K 0071	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: It shall be the policy of Golden Living (of Bloomington) to insure all rubbish, incinerator, and laundry chutes are constructed in a fire resistive manner including a fire rating of 1 hour and in accordance with NFPA 101 Life Safety Code Standard (section 9.5). I-II) A new laundry chute door will be installed that latches automatically, prevents the passage of smoke/fire, and is one (1) hour fire rated. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	06/15/2016

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K 0130 SS=F Bldg. 01	<p>Furthermore, the door was not sealed tightly when closed. There was a one half inch gap around the door when closed. Finally, the chute door was not provided with a tag to prove it was a 1 hour fire rated door assembly. This was acknowledged by the Director of Plant Operations at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, interview and observation; the facility failed to ensure the proper maintenance of 78 of 78 battery operated smoke alarms in resident rooms to ensure the smoke alarms are continually operable. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the Battery Operated Smoke Detector Maintenance Log for resident room smoke alarms on 05/16/16 at 10:15 a.m. with the Director of Plant Operations present, there was no documentation to show all 78 resident</p>	K 0130	<p>The Facility is respectfully requesting a "Desk Review" for the following Plan of Correction: It shall be the policy of Golden Living (of Bloomington) to insure the proper maintenance of all smoke alarming devices in accordance with NFPA 101 Life Safety Code Standard (section 12.2). I-II) All battery powered smoke detectors/alarms will be inspected to include a fresh battery change every 12-months. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	06/15/2016

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	<p>room battery operated smoke alarms have had batteries replaced during the past twelve months. Based on interview at the time of record review, the Director of Plant Operations acknowledged there was no documentation to show all 78 resident room battery operated smoke alarms have had batteries replaced within the past twelve months. Based on observations between 11:15 a.m. and 1:30 p.m. during a tour of the facility with the Director of Plant Operations, battery operated smoke alarms were observed in all resident sleeping rooms with dates written on the smoke alarms from February, March, and April of 2014. The Director of Plant Operations said the dates on the smoke alarms indicated when the smoke alarms were last replaced, but, said the batteries have not been replaced since the smoke alarms were replaced.</p> <p>3.1-19(b)</p>			