

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/06/2012
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383
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K0000	<p>A Quality assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/06/12</p> <p>Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Golden Living Center - Valparaiso was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility with a partial basement was determined to be of Type IV (2HH) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, and areas open to the corridors as well as battery operated smoke detectors in the resident rooms. The facility has a capacity of 85 and had a census of 79 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with state</p>	K0000		
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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>law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except the dumbwaiter as well as the laundry chute</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 09/21/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install sprinkler protection in 2 of 2 vertical shaft assemblies. This deficient practice could effect all the occupants of the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Maintenance during a tour at 12:30 p.m. on 09/06/12, the dumbwaiter and laundry chute have not been protected by sprinkler</p>	K9999	<p>Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forthon this survey report. Our plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.1.) Corrective action to be taken: The facility will install sprinkler heads for the laundry chute and dumbwaiter, to ensure sprinkler protection both areas cited.2.) How the facility will ensure all residents safety: All residents rooms were checked to ensure the presence of functioning sprinklers.3.) Measures to put in place to ensure the deficiency does reoccur: MaintenanceSupervisor will monitor the building to ensure all proper sprinklers system are in place.4.) How this corrective action will be monitored: Administrator or his designee will monitor to ensure measures are completed.5.) Dates of completion: October 24, 2012</p>	10/24/2012			

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