

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155375	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 309 W PIKE AVE PETERSBURG, IN 47567
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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: 06/17/13</p> <p>Facility Number: 000033 Provider Number: 155375 AIM Number: 100266280</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Petersburg 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 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</p>	K010000		
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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>rooms. The facility has a capacity of 86 and had a census of 51 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered except a thirty foot by eighteen foot detached garage constructed of wood framing with metal covering and storing maintenance supplies and kitchen equipment, a fifteen foot by twelve foot detached portable wooden shed storing paper records, and a twelve foot by nine foot detached wooden shed storing the facility's water softener.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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>1. Based on observation and interview, the facility failed to provide an automatic sprinkler system which provided complete coverage in 1 of 5 smoke compartments. This deficient practice could affect 1 resident, as well as staff while in the west shower room.</p> <p>Findings include:</p> <p>Based on observation on 06/17/13 at 12:30 p.m. during a tour of the facility with the Maintenance Director, the west shower room had a shower stall now used for the storage of plastic cups and carts, plus a door separating it from the rest of the shower room. The shower stall was not provided with sprinkler coverage. Based on interview at the time of observation, the Maintenance Director</p>	K010056	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Sprinkler coverage was installed in the West shower room shower stall. One sprinkler was removed in laundry room.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>All residents on the West End who take a shower have the potential to be affected. Sprinkler coverage was installed in the West shower room shower stall. No residents were affected by the extra sprinkler head in the laundry</p>	07/16/2013			

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	<p>acknowledged there was no sprinkler coverage in the west shower room shower stall.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to insure 1 of 5 smoke compartments had sprinkler heads installed in accordance with NFPA 13, Section 5-1.1 and 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect mostly staff while in the laundry room.</p> <p>Findings include:</p> <p>Based on an observation on 06/17/13 at 12:55 p.m. during a tour of the facility with the Maintenance Director, the dryer room within the laundry room had two sprinkler heads within four feet of each other. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>room.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Facility will ensure that the sprinkler heads are installed in accordance NFPA13, Quarterly inspections are conducted by Tri-State Fire Protection to ensure all sprinklers are in working order and maintained.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Facility will ensure that the sprinkler heads are installed in accordance NFPA13, Quarterly inspections are conducted by Tri-State Fire Protection to ensure all sprinklers are in working order and maintained.</p> <p>Date the systemic changes will be completed: 7/16/13.</p>		

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K010062 SS=E	<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>Based on observation and interview, the facility failed to ensure only one type of sprinkler head, i.e., quick response or standard sprinklers were installed in a compartmented space in 1 of 5 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect more than 4 residents, as well as staff and visitors while in the Physical Therapy room.</p> <p>Findings include:</p> <p>Based on observation on 06/17/13 at 12:00 p.m. during a tour of the facility with the Maintenance Director, there was one quick response sprinkler head mixed with three standard response sprinkler heads in the Physical Therapy room. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K010062	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The quick response sprinkler head was replaced with a standard response sprinkler head in the Physical Therapy room.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>All residents, staff or visitors have the potential to be affected by this deficient practice. The quick response sprinkler head was replaced with a standard response sprinkler head in the Physical Therapy room.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Tri State Fire Protection and maintenance will ensure when and if the need arises to replace a</p>	07/16/2013			

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			<p>sprinkler head that it is the same type of sprinkler head as the surrounding sprinkler heads.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Tri State Fire Protection and maintenance will ensure when and if the need arises to replace a sprinkler head that it is the same type of sprinkler head as the surrounding sprinkler heads.</p> <p>Date the systemic changes will be completed: 7/16/13.</p>		

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K010069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, interview, and observation; the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the kitchen range inspection reports in the Life Safety Code Documentation Binder on 06/17/13 at 11:00 a.m. with the Maintenance Director present, there was no documentation to</p>	K010069	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Kitchen exhaust system will be cleaned by 360 Company on July 2, 2013.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>All residents have the potential to be affected by this deficient practice. Kitchen exhaust system was cleaned by 360 Company. Cleaning of kitchen exhaust system will be conducted semiannually.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Cleaning of kitchen exhaust system will be conducted semiannually by the 360 Company..</p> <p>How the corrective action will be monitored to ensure the deficient</p>	07/16/2013			

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	<p>show the kitchen range hood had been cleaned within the past twelve months. This was acknowledged by the Maintenance Director at the time of record review. Based on observation at 1:30 p.m. during a tour of the facility with the Maintenance Director, there was no sticker on the kitchen range hood to indicated the range hood had been cleaned. This was confirmed by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Maintenance will place on maintenance schedule to ensure exhaust is cleaned.</p> <p>Date the systemic changes will be completed: 7/16/13.</p>	