

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155248	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 30 E CHANDLER AVE EVANSVILLE, IN 47713
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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: 12/18/13</p> <p>Facility Number: 000152 Provider Number: 155248 AIM Number: 100267510</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Brentwood 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 in spaces open to the corridors, plus battery operated smoke detectors in all resident</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>sleeping rooms. The facility has a capacity of 114 and had a census of 82 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except three wood sheds and one steel trailer used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/23/1.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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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 1 of 1 ceiling smoke barriers provided at least a 30 minute fire resistance rating. LSC 8.3.2 requires smoke barriers to extend from an outside wall to an outside wall. This deficient practice could affect mostly laundry staff, as well as any number of residents, staff and visitors while in the front entrance smoke compartment which is where the laundry room is located.</p> <p>Findings include:</p> <p>Based on observations on 12/18/13 between 12:45 p.m. and 12:55 p.m. during a tour of the facility with Maintenance Director, the ceiling in the five foot by ten foot storage room within the laundry area was bowed and had a three foot section along the side that had a one half inch to one inch gap through to the attic above, furthermore, the room</p>	K010025	<p>1. Ceiling smoke barrier was immediately caulked with fire resistant caulking, The ceiling in the storage room was repaired, support added and rehung. The four penetrations in the ceiling were repaired. 2. N/A3. The Maintenance Director or designee will visually inspect monthly during PM rounds.4. Monitoring completed X1 per month by Executive Director or designee5. 01/10/14</p>	01/10/2014			

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	<p>behind the dryers within the laundry area had four penetrations in the ceiling through to the attic above around conduits, a pipe, and a group of five wires ranging in size from one fourth inch to two inches. Based on interview at the time of observations, the Maintenance Director acknowledged the bowed ceiling and gap in the laundry area storage room and the penetrations through the ceiling in the room behind the dryers.</p> <p>3.1-19(b)</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 2 of over 500 sprinkler heads in the facility were free of paint and corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect mostly nursing staff and laundry staff, as well as any number of residents, staff and visitors while in the front entrance smoke compartment which is where the Med Room (Pharmacy) and laundry room were located.</p> <p>Findings include:</p> <p>Based on observations on 12/18/13 between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Maintenance Director, the sprinkler head in the Station 3 Med Room (Pharmacy) was partially covered with sprayed on white paint, furthermore, the sprinkler head within the room behind the laundry area dryer room</p>	K010062	<p>1. Identified sprinkler heads were replaced on 01/02/142. Inspection determined that an additional sprinkler head had corrosion and was replaced on 01/02/143. All sprinkler heads will be inspected yearly by state licensed fire inspection company and area sprinkler heads will be inspected after any significant event. 4. Monitoring completed by Maintenance Director or designee5. 01/02/2014</p>	01/03/2014			

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	<p>was covered with green corrosion. This was acknowledged by the Maintenance Director the time of each observation.</p> <p>3.1-19(b)</p>			

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 32 of 32 fire dampers in 7 of 7 smoke compartments were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect all residents, as well as staff and visitors while in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/18/13 between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Maintenance Director, there were 32 fire dampers</p>	K010067	<p>1. 32 of 32 fire dampers were pulled, inspected, cleaned and oiled2. N/A3. Inspection planned prior to 2018 4. Maintenance Director or designee will monitor and schedule 2018 inspection5. 01/10/2014</p>	01/10/2014			

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	<p>located in the HVAC supply air plenums in the ceilings throughout the facility. Based on interview with the Maintenance Director at the time of observations, the fire dampers have not been inspected and serviced by an HVAC contractor, or by someone in house, within the past four years.</p> <p>3.1-19(b)</p>			

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K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 1 laundry area dryer rooms was free of lint and other debris. NFPA 101 at 19.1.1.3 states all health care facilities shall be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect mostly laundry staff, as well as any number of residents, staff and visitors while in the front entrance smoke compartment which is where the laundry room is located.</p> <p>Findings include:</p> <p>Based on observation on 12/18/13 at 12:50 p.m. during a tour of the facility with the Maintenance Director, the floor, walls, ceiling and dryers in the room behind the dryers in the laundry area were covered with dryer lint, leaves, and other debris. Based on interview at the time of observation, the Maintenance Director acknowledged there was a large amount dryer lint, leaves, and other debris within the room behind the dryers.</p> <p>3.1-19(b)</p>	K010130	<p>1. The floors,walls, ceiling and dryers were immediately cleared of lint and debris2. N/A, only laundry area in facility3. Environmental Services Director will inspect X5 per week. 4. Montoring completed X1 per monthmonthly by Maintenace Director or designee5. 12/20/2013</p>	12/20/2013	