

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155384	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/29/2012
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-LINCOLN HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 402 19TH ST TELL CITY, IN 47586
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	<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: 02/29/12</p> <p>Facility Number: 000411 Provider Number: 155384 AIM Number: 100275100</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Lincoln Hills 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 lower level was determined to be of Type V (000) construction and was</p>	K0000	Please accept the attached document as our credible plan correction for the Life Safety Survey that was conducted at Golden LivingCenter - Lincoln Hills. Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and Title 19 Programs.	

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>fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms are not provided with smoke detection. The facility has a capacity of 86 and had a census of 78 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drills for 2 of 3 shifts during 2 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 Drill Book on 02/29/12 at 10:55 a.m. with the Maintenance Supervisor present, the facility lacked written documentation fire drills were conducted during the first shift (day) of the third quarter (July, August, and September), and the second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2011. This was acknowledged by the Maintenance</p>	K0050	<p>The corrective action will be taken as follows: Monthly fire drills will be conducted each quarter on each shift and documented by the Maintenance Supervisor or designee. How will other residents having the potential to be affected by the same alleged deficient practice be identified: The facility recognizes that all residents could be affected by the alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: The measures put into place to ensure the alleged deficient practice does not reoccur is as follows: Education will be provided to the maintenance supervisor responsible for ensuring fire drills are conducted and documented each quarter on each shift. How will the facility implement, integrate and monitor the corrective action for effectiveness: The corrective action will be monitored by the</p>	03/30/2012	

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	Supervisor at the time of record review.  3.1-19(b)		Executive Director or designee by audits 1x per month for 7 months. Reviews will be submitted by the Executive Director or designee to the QA committee for discussion for seven months and as needed thereafter. Interventions will be put into place as needed.		

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems to provide effective warning of the fire in any part of the building in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/29/12 at 12:45 p.m. during a tour of the facility with the</p>	K0051	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The fire alarm system has been corrected to provide effective warning of a fire in any part of the building in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. The fire alarm system was corrected by Vanguard on March 7, 2012. How will other residents having the potential to be affected by the same deficient practice be identified: The facility recognizes that all residents could be affected by this deficient practice. The fire alarm system has been corrected on March 7, 2012 to provide effective warning</p>	03/23/2012			

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	<p>Maintenance Supervisor, the fire alarm system did actuate when a fire alarm pull station was activated three times, however, the audible alarm only sounded for six seconds each time before automatically going into a silence mode. This was acknowledged by the Maintenance Supervisor at the time of fire alarm system testing, furthermore, the Maintenance Supervisor said the fire alarm system has not automatically shut down before on its own.</p> <p>3.1-19(b)</p>		<p>of a fire in any part of the building. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The systemic changes made are as follows: the maintenance supervisor will complete monthly rounds to ensure the building is in compliance with an effective fire alarm warning system. How will the facility implement, integrate, and monitor the corrective action for effectiveness: Corrective action will be monitored by the Executive Director or designee by audits 1x monthly for 7 months and as needed thereafter. Interventions will be put into place as needed.</p>		