

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155390	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-WOODBRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710
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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 Dates: 05/10/16</p> <p>Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170</p> <p>At this Life Safety Code survey, Golden Living Center-Woodbridge 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 facility consists of two buildings connected in the center. The east portion of the facility contains the 300 Unit and was one story with a basement. The west portion of the facility contains the 100 and 200 Units and was two stories with a basement. Both buildings were determined to be of Type II (222) construction and were fully sprinklered.</p>	K 0000	Preparation and submission of this Plan of Correction doesnot constitute and admission or agreement of any kind by the facility of thetruth of any conclusion set forth in this allegation. Accordingly, the facility has prepared andsubmits this Plan of Correction solely as a requirement under State and FederalLaw that mandate a submission of a Plan of Correction as a condition toparticipate in Title 18 and 19 programs, and to provide the best possible careto our residents.	

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 0144 SS=F Bldg. 01	<p>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 67 and had a census of 54 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, a detached wood shed and a detached metal pod both used for facility storage.</p> <p>Quality Review completed on 05/12/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with a properly operating alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of</p>	K 0144	New standby generator system which will include anannunciation package will be installed. This facility is requesting a temporary waiver for completion of theinstallation of this generator system. Start date for the installation is set for July 20, 2016. Residents on the 300 unit have the potential to be affectedby the existing deficiency. Maintenance/Designee to	09/01/2016	

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	<p>the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> <li>1. When the emergency or auxiliary power source is operating to supply power to load.</li> <li>2. When the battery charger is malfunctioning.</li> </ol> <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> <li>1. Low lubricating oil pressure.</li> <li>2. Low water temperature.</li> <li>3. Excessive water temperature.</li> <li>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply.</li> <li>5. Overcrank (failed to start).</li> <li>6. Overspeed.</li> </ol> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient</p>		<p>conduct generator inspections and safety rounds five times per week until completion of installation and generator is online. Staff to be in-serviced on how to respond. New standby generator system installation is to be completed and online by September 1, 2016.</p>	

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	<p>practice could affect all residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation on 05/10/16 at 12:33 p.m. during a tour of the facility with the Maintenance Supervisor and the Administrator, there was a remote alarm annunciator for the generator at the 300 Unit Nurses' Station, however, the annunciator panel was not connected to the generator. None of the indicator lights illuminated when tested. During an interview at the time of observation, the Maintenance Supervisor said the generator was a temporary generator and has been used since early January 2016, furthermore, he said a new generator will be replacing the old generator, but no date for replacement has been set.</p> <p>3.1-19(b)</p>				