

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN 46140
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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: 12/11/12</p> <p>Facility Number: 000050 Provider Number: 155120 AIM Number: 100266170</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Brandywine 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has</p>	K0000		

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>a capacity of 125 and had a census of 124 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has a detached wood shed used for storage of wheelchairs and a detached garage used for storage of miscellaneous facility decorations which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/12/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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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 install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/11/12 at 2:10</p>	K0051	<p>To accomplish corrective actions for residents affected by the practice the breaker was labeled in RED with the statement FIRE ALARM CIRCUIT CONTROL. Additionally, the door to the breaker box is secured to prevent unauthorized access to the fire alarm circuit control. These actions were completed 12/17/2012.</p> <p>There is only one breaker for the fire alarm circuit therefore, no other residents could be affected.</p> <p>To ensure that the practice does not recur, the maintenance supervisor was instructed by the</p>	12/30/2012			

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could be located, however, the breaker did not have red marking nor was it identified as Fire Alarm Circuit Control. Based on interview on 12/11/12 at 2:15 p.m. with the Maintenance Supervisor, it was acknowledged the fire alarm electrical breaker was not marked in red or properly identified.</p> <p>3.1-19(b)</p>		<p>Executive Director about the need for the fire alarm circuit control breaker to be labeled in red. This instruction occurred on 12/11/2012.</p> <p>To monitor the changes in practice and ensure that the practice does not recur, inspection of the breaker box and the fire alarm circuit control label will be included in the monthly preventive maintenance of the fire alarm system. If the label is missing, it will be replaced immediately.</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator which would indicate generator function conditions during a test. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of 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"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <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"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating 	K0144	<p>To accomplish corrective actions for residents affected by the practice a technician from Safe Care Generator Services re-inspected the generator and the alarm annunciator for the generator. A faulty test button was identified and replaced on 12/12/2012.</p> <p>There is only one alarm annunciator for this system therefore nothing else is affected.</p> <p>To ensure that the practice does not recur, the Maintenance Supervisor was instructed by the Executive Director on 12/12/2012 to continue to press the test button as scheduled through the Preventive Maintenance Program. If the LED lights do not illuminate, he will inspect the panel to identify and fix the problem and/or for call for service if unable to resolve.</p> <p>To monitor the changes in practice and ensure that the practice does not recur, the generator preventive maintenance program will continue to prompt the maintenance workers to press the test button to ensure that the LED</p>	12/30/2012	

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	<p>supply.</p> <p>5. Overcrank (failed to start).</p> <p>6. Overspeed.</p> <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 practice could affect all the residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/11/12 at 12:33 p.m. with the Maintenance Supervisor, the test button on the alarm annunciator for the generator located at the Nurses' station on New Wing did not illuminate the LED function lights corresponding to the various functions for the generator. During an interview on 12/11/12 at 12:34 p.m. with the Maintenance Supervisor, it was acknowledged the function lights usually all illuminated when the test button was pressed, but for some reason they were not working now.</p> <p>3.1-19(b)</p>		lights illuminate. Any failure of the test will result in corrective action taken and documented.				

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