

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  10/20/2014
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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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(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
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: 10/20/14</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 spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping</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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K010025 SS=E	<p>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 and all areas providing facility services were sprinklered, except three wood sheds and one steel trailer used for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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 2 of 7 smoke barrier walls provided at least a one half hour fire resistance rating. This deficient</p>	K010025	<p>1. Smoke barrier walls in 200 and 400 hallways were caulked with approved material with at least a 0.5 hour fire resistance rating.2. All smoke barrier walls were</p>	11/19/2014

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K010062 SS=F	<p>practice could residents, as well as staff and visitors while in the 200 and 400 halls.</p> <p>Findings include:</p> <p>Based on observations on 10/20/14 between 12:45 p.m. and 3:00 p.m. during a tour of the facility with Maintenance Assistant #1 and the Maintenance Supervisor (from a sister facility), the smoke barrier wall above the smoke barrier doors near the Central Supply room had a one inch gap around a four inch sprinkler pipe, a one half inch gap around a two inch conduit, and a six to eight inch hole through the smoke barrier wall where one wire ran through, furthermore, the smoke barrier wall above the smoke barrier doors near room 206 had a one quarter inch gap around an insulated water line, and a one quarter inch gap around a single wire through the smoke barrier wall. This was acknowledged by Maintenance Assistant #1 at the time of observations.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested</p>		<p>examined to determine all holes were caulked with approved material with at least a 0.5 hour fire resistance rating. 3. Maintenance Supervisor or designee will examine all contractor's work to determine that fire resistance barriers are maintained.4. QAPI review monthly for 3 months and quarterly for 6 months.</p>		

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	<p>periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected internally every five years. 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, 10-2.2 states sprinkler systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally of obstructions every 5 years. NFPA 25, in A-10-2.2 explains a dry pipe system using noncoated ferrous piping shall be thoroughly investigated for obstruction from corrosion after they have been in service for 15 year, 25 years and every 5 years thereafter. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's sprinkler system inspection reports in the Life Safety Code Documentation Binder on</p>	K010062	<p>1. Automatic Dry Sprinkler Piping systems inspected internally2. N/A3. Date for next inspection of Dry Sprinkler Piping systems was added to new developed "To-Do" list for 10/2016. 4. QAPI Review monthly for 3 months and quarterly for 6 months.</p>	11/19/2014

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K010130 SS=F	<p>10/20/14 at 12:15 p.m. with Maintenance Assistant # 1 and the Maintenance Supervisor (from a sister facility) present, there was no internal dry pipe inspection documentation available. During an interview at the time of record review, Maintenance Assistant # 1 and the Maintenance Supervisor acknowledged there was no internal dry pipe inspection for the sprinkler system's pipes available.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, interview and observation; the facility failed to ensure the proper maintenance of 65 of 65 battery operated smoke detectors in resident rooms to ensure the smoke detectors are continually operable. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice could all residents, as well as staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the monthly battery operated Resident Room Smoke Detector testing schedule on 10/20/14 at 11:30</p>	K010130	<p>1. New batteries were installed in 65 of 65 Battery Operated Smoke Detectors.2. N/A3. Newly installed batteries were dated "10/14" and task was added to the newly developed "To-Do" list for 10/2015. 4. QAPI review monthly for 3 months and quarterly for 6 months.</p>	11/19/2014			

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K010147 SS=E	<p>a.m. with Maintenance Assistant #1 and the Maintenance Supervisor (from a sister facility) present, all 65 resident sleeping room battery operated smoke detectors have not had batteries replaced during the past twelve months. Documentation showed the last time batteries were changed was between 07/20/13 and 08/05/13. Based on interview at the time of record review, Maintenance Assistant #1 acknowledged all 65 resident sleeping room battery operated smoke detectors have not had batteries replaced within the past twelve months. Based on observations between 12:45 p.m. and 3:00 p.m. during a tour of the facility with Maintenance Assistant #1 and the Maintenance Supervisor, battery operated smoke detectors were observed in all resident sleeping rooms.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 electrical junction boxes observed were maintained in a safe operating condition. LSC 19.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and</p>	K010147	<p>1. Identified electrical junction box plates were corrected.2. All electrical junction boxes were examined to determine they are maintained in a safe manner.3. Maintenance Supervisor or designee will examine contractor's work to determine</p>	11/19/2014

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	<p>equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect any resident, staff or visitor while in the 200 Hall.</p> <p>Findings include:</p> <p>Based on observation on 10/20/14 between 12:45 p.m. and 3:00 p.m. during a tour of the facility with Maintenance Assistant #1 and the Maintenance Supervisor (from a sister facility), there was an electrical junction box in the attic next to the attic access panel outside the Central Supply office with numerous wire connections jutting out of the box without a cover, furthermore, there was an electrical junction box in the interstitial space above the drop ceiling next to the smoke barrier wall outside room 206 with numerous wire connections jutting out of the box without a cover. Based on interview at the time of observation, Maintenance Assistant #1 acknowledged the aforementioned conditions.</p> <p>3.1-19(b)</p>		that all electrical junction boxes are maintained in a safe manner.4. QAPI review monthly for 3 months and quarterly for 6 months.	