

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155755	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED  06/23/2015
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NAME OF PROVIDER OR SUPPLIER  GOLDEN YEARS HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD FORT WAYNE, IN 46815
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K 0000  Bldg. 03	<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: 06/23/15</p> <p>Facility Number: 000282 Provider Number: 155755 AIM Number: 100287520</p> <p>At this Life Safety Code survey, Golden Years Homestead 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors and in the resident rooms. The facility has a capacity of 111 and a census of 106 at the time of this survey.</p>	K 0000	<p>The creation and submission of this Plan of Correction is not an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. The Plan of Correction is submitted because of requirements under the State or Federal law.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after July 23, 2015. Our documents for verification of compliance will be attached, or those referenced but not attached will be sent through Gateway or delivered to Kim Rhoades via USPS on or before July 23, 2015.</p>	
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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 0021 SS=E Bldg. 03	<p>All areas where residents have customary access were sprinklered. The areas providing facility services included an unsprinklered detached garage used for the storage of mowing equipment and a golf cart.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 18.2.2.2.6 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 20 doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close upon activation of the fire alarm. This deficient practice could affect any resident using the gift shop and staff in the kitchen storage and basement stairs.</p>	K 0021	<p>K 021</p> <p>It is the practice of this provider that any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure be held open only by devices arranged to automatically close all such doors upon activation of fire alarm system.</p>	07/23/2015

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	<p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Technician One on 06/23/15 between 11:39 a.m. and 2:00 p.m. the flowing doors were held open by a device that did not automatically release with the fire alarm:</p> <p>a.) the stair door leading into the basement was held open by a door stop</p> <p>b.) the kitchen storage area door leading into the corridor was held open by a door stop</p> <p>c.) the gift shop door leading into the corridor was held open with a bungee cord.</p> <p>Based on interview at the time of observation, the Maintenance Technician One acknowledged the devices holding the doors open did not release with the fire alarm.</p> <p>3.1-19(b)</p>		<p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>There were no residents found to have been affected by this deficient practice. The door held open by a bungee cord was in the gift shop and is not located in a resident living space. The gift shop is separated by a set of automatic closing fire doors, a smoke detection system and sprinkler system. There have been no fires or other safety incidents affecting residents.</p> <p><b>How other residents having been affected by the same deficient practice will be identified and what corrective actions will be taken?</b></p> <p>The Bungee cord holding the gift shop door was not located in any of the resident living areas and every living area is separated from the gift shop by a self-closing fire door, a smoke detection system and a sprinkler system. There have been no fires or safety incidents affecting residents.</p>	

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K 0025 SS=E Bldg. 03	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at		<p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>Golden Years Homestead adheres to the NFPA core stating that no unapproved door hold open devices are to be used. Volunteers working in the gift shop will be instructed not to use any such device and a sign will be posted in the gift shop stating No Door Hold Open Devices are allowed.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The Supervisor responsible for instructing the volunteers that work in the gift shop will make sure all volunteers are instructed on what our door hold open policies are and where they are posted.</p> <p><b>By what date the systemic changes will be completed?</b> July 23, 2015</p>	

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	<p>least a one-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 in approved 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. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 32 residents in three of ten smoke compartments.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Technician One on 06/23/15 from 11:15 a.m. to 1:30 p.m., unsealed penetrations were noted measuring a half of an inch to one fourth of an inch around the following sprinkler heads:</p> <ul style="list-style-type: none"> <li>a.) one in room D-7</li> <li>b.) one in the bathroom of D-9</li> <li>c.) one in room C-16</li> </ul> <p>Based on interview at the time of observation, the Maintenance Technician One acknowledged and provided the</p>	K 0025	<p>K 025</p> <p>It is the practice of this provider to ensure that ceiling smoke barriers are maintained to provide the required fire resistance rating.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by defective practice?</b></p> <p>There were no residents found to have been affected by this deficient practice. There have been no fires or other safety incidents where the 1/4" to 1/2" space between the sprinkler head escutcheon and the drywall had affected the residents.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b></p>	07/23/2015

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	measurements of the penetrations.  3.1-19(b)		<p>All sprinkler heads in every resident room and common area were visually inspected to insure there were no other sprinkler head escutcheons not covering the hole totally.</p> <p><b>What measures will be put into place or what systemic changes will be made to insure that the deficient practice does not recur?</b></p> <p>It is the policy of Golden Years Homestead to conduct monthly inspections to ensure that all sprinkler heads are clean and free of obstructions. A paragraph will be added to the inspection form to inspect for any gap or holes around the escutcheon and to report any findings to the maintenance supervisor. (attachment A)</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>It is Golden Years Homesteads Policy to conduct monthly sprinkler head inspections to ensure that all sprinkler heads meet NFPA guide lines. New forms have been made including inspecting for gaps around the escutcheons. Maintenance Staff will be in serviced on the changes.</p>		

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K 0067 SS=F Bldg. 03	<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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation and interview, the facility failed to ensure 8 of 8 vented gas fireplaces was installed in accordance with Exception No. 2 to LSC Section 19.5.2.2. Exception No. 2 states fireplaces shall be used only in areas other than patient sleeping areas provided such areas are separated from patient sleeping spaces by construction having not less than 1 hour fire resistance rating and such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650 degrees Fahrenheit and constructed of heat tempered glass or other approved material. This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Maintenance Technician One on 06/23/15 between</p>	K 0067	<p><b>By what date the systemic changes will be completed?</b> July 23, 2015.</p> <p>We are requesting a Waiver of K-067 in lieu of the IDR request which was not allowed. K 067 1. We find no Justification in being cited for this Standard. NFPA 101 Life Safety 19.5.2.2, therefore we are requesting a Waiver of K-067 based on the information as outlined below. 2. Golden Years Homestead meets all the criteria in the standard for a Direct-Vented gas fire place. NFPA 101 Life Safety Code 19.5.2(2) Direct – vented gas fireplaces, as defined in NFPA 54, National Fuel Gas Code. A) All eight of the direct-vented gas fire places at Golden Years Homestead are installed, maintained, and used in accordance with 9.2.2 B) None of the eight direct-vent gas fireplaces at Golden Years Homestead are located inside of a <b>patient sleeping room</b>. C) The eight direct-vent gas fireplaces are located within smoke compartment which are protected through-out by an approved, supervised automatic sprinkler system in accordance</p>	07/23/2015

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K 0069 SS=E Bldg. 03	<p>11:15 a.m. and 2:00 p.m., there was a gas operated fire place located in each of the facility's eight lounges. In all eight lounges, there was not a one hour fire rated separation from the location of the fire place and the resident's rooms. Based on an interview during the observation, the Maintenance Technician One acknowledged the fire places were located in resistant sleeping areas with no one hour fire rated separation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 1. Based on record review and interview, the facility failed to ensure 4 of 4 kitchen range hood's fire extinguishing equipment was inspected and approved every 6 months by properly trained and qualified persons. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, in 8-2 requires the inspection and servicing of the fire extinguishing system</p>			K 0069	<p>with 9.7.1.1(1) with listed quick-response or listed residential sprinklers. D) The eight direct-vented gas fireplaces all have sealed glass fronts with a wire mesh panels/screens. E) The control keys for each of the eight direct-vented gas fire places at Golden Years Homestead are monitored by staff and kept secure in a restricted area when not in use. F) Electrically supervised carbon monoxide detections in accordance with Section 9.8 are installed in the room where the eight direct-vented gas fireplaces are located. The only criteria we find for the 1 hour fire rated separated area is under 19.5.2.3(3) which is for soiled fuel-burning fireplaces; we have direct-vented gas fireplaces only.</p> <p>K 069 (1)</p> <p>It is the practice of this provider to ensure kitchen range hood's fire extinguishing equipment is inspected and approved every 6 months by properly trained and qualified persons.</p> <p><b>What corrective action will be accomplished for those</b></p>		07/23/2015

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	<p>and listed exhaust hoods containing a constant or fire actuated water system shall be made at least every 6 months by properly trained and qualified persons. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. This deficient practice could affect all residents in the dining room/kitchen area of all four communities.</p> <p>Findings include:</p> <p>Based on records review of the kitchen range hood suppression system testing documentation with the Maintenance Technician One on 6/23/15 at 11:00 a.m. , the range hood fire suppression equipment inspection for the facility's four kitchens were last performed by the facility's vendor on 10/14/14. Based on interview at the time of record review, the Maintenance Technician One acknowledged the most recent kitchen range hood fire suppression equipment inspection for all four suppression systems did not take place in the last six months.</p>				<p><b>residents to have been affected by the deficient practice?</b></p> <p>There were no residents found to be affected by this deficient practice. There have been no fires or other safety incidents affecting residents.</p> <p><b>How other residents having the potential to be affected by this deficient practice will be identified and what corrective action will be taken?</b></p> <p>No other resident was affect by this deficient practice.</p> <p>Koorsen Fire Protection was notified that the kitchen exhaust hoods were past due for the semi-annual inspection. The inspection was conducted on 6-26-2015.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>Koorsen Fire protection Management guaranteed us they would not be delinquent again and the maintenance Supervisor has added the kitchen hood inspection tag to the monthly fire extinguisher check list to be able to identify when the inspection is due. (attachment B )</p> <p><b>How the corrective action will</b></p>		

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	<p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to maintain 2 of 4 kitchens in accordance with NFPA 96. NFPA 96, 9-1.2.3 requires deep fat fryers be installed at least 16 inches from the surface flames of adjacent cooking equipment unless there is a plate constructed of steel or tempered glass at least eight inches high separating the appliances. This deficient practice could affect 40 residents in the dining room/kitchen area of D and B communities.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Technician One on 6/23/15 between 11:15 a.m. and 12:00 a.m., the deep fat fryers in D and B communities' kitchen was located five inches from the gas burners on the commercial cooking stove and did not have a protective shield measuring at least eight inches in height between the two appliances. Based on interview at the time of observation, the Maintenance Technician One provided the measurements and acknowledged the deep fat fryers were not at least 16 inches from the surface flames.</p> <p>3.1-19(b)</p>		<p><b>be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>Maintenance staff will check the kitchen hood inspection tag on a monthly bases when doing the fire extinguisher inspections to ensure that Koorsen Fire Protection is not delinquent in doing the semi-annual testing.</p> <p><b>By what date the systemic change will be completed?</b></p> <p>July 23, 2015. K 069 (2)</p> <p>It is the practice of this provider to maintain kitchens in accordance with NFPA 96, which requires deep fat fryers to be installed at least 16 inches from the surface flames of adjacent cooking equipment unless there is a plate constructed of steel or tempered glass at least eight inches high separating the appliances.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>There were no residents found to have been affected by this deficient practice. The deep fryers in question are located in the B and D kitchen and are not part of the resident living areas. The kitchens are separated from the resident living areas by a</p>				

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			<p>two-hour fire rating, sprinkler system and smoke detection system. There have been no fires or other safety incidents affecting residents.</p> <p><b>How other residents having the potential to be affected by the deficient practice will be identified and what corrective action will be taken?</b></p> <p>All Resident living areas are separated for the kitchen areas by two-hour fire rating, sprinkler systems and smoke detector systems. The deep fryer were relocated away from any open flame by more than 16".</p> <p><b>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>The dietary staff will be inserviced on placement of equipment when moving for cleaning and be instructed that deep fryer must have a 16" clearance for an open flame.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>The dietary supervisor will inservice the kitchen staff on the placement of the kitchen equipment to ensure the deep fryer are located 16" away from open flames, and make monthly inspection to ensure they are place properly.</p>	

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K 0072 SS=E Bldg. 03	<p>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>Based on observation and interview, the facility failed to ensure no furnishings, decorations or other objects were placed as to obstruct exits for 2 of 10 exits. This deficient practice could affect 25 occupants evacuated through the two exits on D-community during an emergency.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Technician One on 06/23/15 between 11:15 a.m. and 12:20 p.m., the exit discharge paths for D-community exits was obstructed by four Hoyer lifts. These items were in the corridor at 11:15 a.m. and were in the same location at 12:20 p.m. Based on an interview at the time of observation, when asked why the lifts were in the corridor the Maintenance Technician One</p>	K 0072	<p><b>By what date the systemic change will be completed?</b> July 23, 2015.</p> <p>K 072We are requesting approval of a waiver for K-072 in lieu of an IDR request at this time. We find no justification in being cited for this Standard. 7.1.10, therefore we are requesting approval of a Waiver of K-072. Golden Years Homestead meets all the criteria for the use of wheeled portable resident lifts to be readily accessible to staff for use by residents during standard daily care provision which are routinely between the hours of 5:00am and 11:00pm. This equipment used routinely and intermittently throughout the day per NFPA 101 Life Safety code A.18.2.3.4 (4)(c). Wheeled portable resident lifts or transport equipment needs to be readily accessible to clinical staff for moving, transferring, toileting, or relocating residents. The use of these devices are critically important for the safe handling of residents as needed and to</p>	07/23/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155755	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED  06/23/2015
NAME OF PROVIDER OR SUPPLIER  GOLDEN YEARS HOMESTEAD			STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLIN RD FORT WAYNE, IN 46815		
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K 0147 SS=B Bldg. 03	<p>stated they are not normally in the corridor; staff might not have had time to put them away due to it being lunch time.</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 flexible cords such as extension cord power strips were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect two residents in room D-1.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Technician One on 06/23/15 at 11:48 a.m., an extension cord power strip was plugged in and providing power to another extension cord power strip which</p>	K 0147	<p>provide for worker safety. This equipment might not be defined as "in use" but it needs to be conveniently located for easy access when resident's physical needs call for its use.</p> <p>K 147</p> <p>It is the practice of this provider to ensure that electrical wiring and equipment, including flexible cords such as extension cord power strips, comply with NFPA 70.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by this deficient practice?</b></p> <p>The resident in room D-1 was the only resident affected by the deficient practice. The power strips were relocated to separate outlets so they could not be plugged into each other.</p> <p><b>How other residents having the</b></p>	07/23/2015	

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	<p>was plugged in and providing power to a lamp in room D-1. Based on interview at the time of observation, the Maintenance Technician One acknowledged two separate power strips were plugged in and providing to a lamp.</p> <p>3.1-19(b)</p>		<p><b>potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b></p> <p>All the other resident rooms were inspected to see if there were any extension cords being used or power strips being used incorrectly. None were found</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>Golden Years Homestead has a policy for the proper use of power strips. All staff will be inserviced on the continual inspection of this item throughout the facility because residents and family members may change them around by mistake.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>All staff is inserviced to check for extension cords and to check power strip when working in a room. It is everyone's responsibility to be aware. Housekeeping and Maintenance staff check any time they are working in a room. Staff is inserviced every year on electrical safety and the use of extension</p>	

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			cord and power strips.  <b>By what date the systemic changes will be completed.</b>  July 23, 2015.		