

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 01/14/2013
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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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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 Dates: 01/14/13</p> <p>Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</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</p>	K0000	<p>Preparation and submission of this Plan of Correction does not constitute an 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 19 programs, and to provide the best possible care to our residents as possible.</p>	

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>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. 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 61 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, the elevator equipment room in the basement and the front lobby vestibule, plus a detached wood shed and a detached metal pod both used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory</p>			

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	requirements as evidenced by the following:			

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K0018 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 4 of 4 sets of double doors to corridors were equipped with positive latches and latched into their door frames. This deficient practice could affect residents, staff, and visitors while in the basement area which included the kitchen, laundry room, employee breakroom, maintenance shop, and Physical Therapy room which could treat as many as 4 residents at a time, as well as 26 residents, staff, and visitors while in the 100 unit.</p> <p>Findings include:</p>	K0018	<p>K 018</p> <p>The four sets of double doors from the basement corridor into the walk in freezer room, employees break room, and physical therapy room plus the soiled utility room between rooms 105 and 107 in the 100 unit will have a self activating latch that will latch into their respective frames. Installing these latches will protect any resident that would be affected.</p> <p>Any or all residents having the potential to be affected by the existing latches will now be protected by the installation of self activating latches.</p> <p>The physical change of installing self activating</p>	02/13/2013	

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	<p>Based on observations on 01/14/13 between 11:45 a.m. and 2:15 p.m. during a tour of the facility with the Facility Maintenance Director, the four sets of double doors from the basement corridor into the walk in freezer room, employee breakroom, and Physical Therapy room, plus the soiled utility room between rooms 105 and 107 in the 100 unit, would latch into each other, however, all four sets of double doors would not latch into their respective door frames. This was acknowledged by the Facility Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p>		<p>latches on the walk in freezer room, employee break room, and Physical Therapy room, plus the soiled utility room between 105 and 107 in the 100 unit, will have the correct operations monitored on a regular basis during preventive maintenancerounds in accordance with the Building Engines maintenance program.</p> <p>Installing the self activating latches to the walk in freezer room, employee break room, and Physical Therapy room, plus the soiled utility room between 105 and 107 in the 100 unit will be completed by 02/13/2013.</p>		

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 sets of kitchen double doors, hazardous area doors, to the basement corridor were equipped with positive latches and latched into their door frames. This deficient practice could affect residents, staff, and visitors while in the basement area which included the kitchen, laundry room, employee breakroom, maintenance shop, and Physical Therapy room which could treat as many as 4 residents at a time.</p> <p>Findings include:</p> <p>Based on observations on 01/14/13 at 12:25 p.m. during a</p>	K0029	<p>K 029</p> <p>The two sets of double doors from the basement corridor into the kitchen will have a self activating latch that will latch into their respective frames. Installing these latches will protect any or all residents that would be affected.</p> <p>Any or all residents having the potential to be affected by the existing latches will now be protected by the installation of self activating latches.</p> <p>The physical change of installing self activating latches on the kitchen doors, will have the correct operations monitored on a regular basis during preventive maintenancerounds in accordance with theBuilding</p>	02/13/2013			

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	<p>tour of the facility with the Facility Maintenance Director, the two sets of double doors from the basement corridor into the kitchen would latch into each other, however, both sets of double doors would not latch into their respective door frames. This was acknowledged by the Facility Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>Engines maintenance program.</p> <p>Installing the self activating latches to the kitchen will be completed by 02/13/ 2013.</p>		

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 2 of 6 smoke compartments. This deficient practice could affect residents, staff and visitors while in the basement, which includes the kitchen, laundry room, employee breakroom, maintenance shop, and Physical Therapy room, which could treat 4 residents at a time, plus any number of residents, staff, and visitors while entering or exiting through the front lobby vestibule.</p> <p>Findings include:</p>	K0056	<p>K 056</p> <p>The elevator equipment room in the basement and the front lobby vestibule will have sprinklers coverage installed. Installation of sprinkler coverage will protect any or all residents that would be affected.</p> <p>Any or all residents having the potential to be affected by not providing sprinkler coverage will now be substantially protected with the installation of sprinkler coverage.</p> <p>The physical change of installing the sprinkler coverage will be monitored during routine sprinkler inspections..</p>	02/13/2013			

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	<p>Based on observations on 01/14/13 between 11:45 a.m. and 2:15 p.m. during a tour of the facility with the Facility Maintenance Director, the elevator equipment room in the basement and the front lobby vestibule were not provided with sprinkler coverage. This was acknowledged by the Facility Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p>		<p>Installation of sprinkler coverage will be completed by 02/13/2013.</p>	