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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/19/2016 |
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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS | STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203 |
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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 Date: 07/19/16</p> <p>Facility Number: 000063 Provider Number: 155138 AIM Number: 100266210</p> <p>At this Life Safety Code survey, Golden Living Center-Indianapolis 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 with a basement was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has</p> | K 0000 | | |

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 0029 SS=D Bldg. 01 | <p>a capacity of 115 and had a census of 74 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/20/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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 1 of 8 hazardous areas such as fuel fired heater rooms are provided with self closing devices or are automatic closing. This deficient practice could affect three staff and visitors in the vicinity of the basement Electrical and Mechanical Room.</p> <p>Findings include:</p> <p>Based on observation with the Director of</p> | K 0029 | To comply with this regulation, the facility has ordered a self closing device and latch to be installed on the boiler room door Self closing device will be added to a monthly inspection to ensure proper functioning | 08/11/2016 | | | |

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| K 0144 SS=C Bldg. 01 | <p>Maintenance during a tour of the facility from 10:55 a.m. to 1:15 p.m. on 07/19/16, the access door to the basement Electrical and Mechanical Room is not equipped with a self closing device to close and latch the door into the door frame. The basement Electrical and Mechanical Room contained a natural gas fired boiler. Based on interview at the time of observation, the Director of Maintenance acknowledged the basement Electrical and Mechanical Room door is not equipped with a self closing device.</p> <p>3.1-19(b)</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) Based on observation and interview, the facility failed to provide emergency task lighting in and around the generator set in accordance with NFPA 101, 2000 Edition, Life Safety Code. Section 19.2.9.1 states emergency lighting shall be provided in accordance with Section 7.9. LSC Section 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be</p> | K 0144 | To comply with this regulation the facility has ordered and battery operated light to be installed by the emergency generator To ensure proper functioning, the battery will be inspected on a monthly basis by the Maintenance Director or the designee | 08/12/2016 |

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| | <p>installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 10:55 a.m. to 1:15 p.m. on 07/19/16, the emergency generator was located outside the building in a fenced in area and was not provided with a battery operated emergency light. Based on interview at the time of observation, the Director of Maintenance stated a new emergency generator was installed at a new location outside the facility in 2014 and acknowledged the emergency generator was located outside the building in a fenced in area and was not provided with a battery operated emergency light.</p> <p>3.1-19(b)</p> | | | |