

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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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: 10/28/14</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Fountainview was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The original building 0102 consists of everything except the 300 wing Rehabilitation unit and was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The facility was surveyed as two separate buildings because of the construction dates of two sections of the building. Building 0102 built prior to March, 1</p>	K010000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficit sited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. The facility, Golden Living Center - Fountainview PLace, respectfully requests consideration of this Plan of Correction to be granted paper compliance.</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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K010046 SS=F	<p>2003 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 powered smoke detectors in all resident rooms. The facility has a capacity of 186 and had a census of 152 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has three detached buildings providing facility storage services which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/07/14.</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 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview, the facility failed to provide documentation of a 30 second monthly functional test or a 90 minute annual</p>	K010046	All required battery backup lighting has been tested per the requirement, including a 30 second monthly functional test and a 90 minute annual functional	11/17/2014

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	<p>functional test for 3 of 3 battery operated lights. NFPA 110, 5-3-1 requires lighting at the emergency generator. LSC Section 7.9.3 requires a functional test be conducted monthly for 30 seconds on every required emergency lighting system and annually for not less than 1 1/2 hours. This deficient practice could affect all occupants in the facility including staff, visitors and residents if emergency battery powered lights were not available.</p> <p>Findings include:</p> <p>Based on Fire Safety Record review on 10/28/14 at 4:03 p.m. with the Maintenance Supervisor, the facility tested the battery back up emergency lights which one was located outside the generator, one inside the transfer switch room and one outside the Maintenance office door but did not document a thirty second once a month test or for ninety minutes annually. Based on interview on 10/28/14 at 405 p.m. with the Maintenance Supervisor it was acknowledged the battery back up emergency lights were checked monthly, but the documentation for the duration of the monthly and annual test was not documented.</p> <p>3.1-19(b)</p>		<p>test.All residents in the facility have been identified as having the potential to be affected by the alledged deficient practice.The Maintenance Director will ad testing to the Preventive Maintenance Prograam. The Maintenance Director or his designee will complete testing at the required intervals.Documentation of testing for battery backup lighting will be reviewed in the facility QAPI meeting monthly for 3 months. The QAPI Committee will determine the need for additional monitoring after the in titial 3 months.</p>	

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K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors were in accordance with NFPA 80. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect 6 residents observed in the Main dining room adjacent to the Kitchen as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 10/28/14 at 2:18 p.m. with the Maintenance Supervisor, there was a metal rolling fire door protecting the opening from the kitchen to the Main dining room which had an attached inspection tag dated 01/22/13. Based on interview on 10/28/14 at 3:37 p.m. with the Maintenance Supervisor and Inspection</p>	K010130	The rolling fire door has been inspected per the requirement. All resident's in the facility have been identified as having the potential to be affected by the alledged deficient practice. The Maintenance Director will ad the annual testing to the Preventive Maintenance Program. The Maintenance Director, or his designiee will ensure that testing is completed by the appropriate, qualified contractor on no less than an annual basis. Documentation for the inspection of the rolling fire door will be reviewed in the facility QAPI meeting monthly for 3 months. The QAPI Committee will determine the need for additional monitoring after the initial 3 months.	11/17/2014			

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K010144 SS=F	<p>vendor there was no additional documentation of an annual inspection or test to check for proper operation and full closure since 01/22/13.</p> <p>3.1-19(b)</p> <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>1. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p>	K010144	<p>1. The number of seconds for the generator to transfer load is now documented on the generator log.2. A remote shut off for the generator will be added.All residents in the facility have been identified as having the potential to be affected by the alledged deficient practice.The Maintenance Director, or his designee will be responsible for documenting on the generator log the number of seconds it takes for the generator to transfer load.Generator logs will be reviewed in the facility QAPI meeting monthly for 3 months. The QAPI committee will determine the need for additional monitoring after the initial 3 months.</p>	11/21/2014

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	<p>Findings include:</p> <p>Based on review of Generator Log records on 10/28/14 at 3:46 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 10/28/14 at 3:47 p.m. with the Maintenance Supervisor it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented.</p> <p>3.1-19(b)</p> <p>2. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37,</p>			
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K020000	<p>Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 10/28/14 at 2:45 p.m. with the Maintenance Supervisor, a remote shut off device was found inside the generator casing and not in a remote location. Based on review of Generator Maintenance records on 10/28/14 at 3:50 p.m. with the Maintenance Supervisor, the generator was installed after 2003 and a remote means to shut the generator off was not provided. Based on interview on 10/28/14 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was unaware a remote shut off for the generator was required.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by</p>	K020000	This Plan of Correction constitutes the facility's written allegation of compliance for the				

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	<p>the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/28/14</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Fountainview was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483.70(a) Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The 300 wing, Rehabilitation unit consisted of 14 additional beds and was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The facility was surveyed as two separate buildings because of the construction dates of two sections of the building. Building 0202 built in 2005 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 powered</p>		<p>deficit sited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements esztablished by State and Federal law.The facility, Golden Living Center - Fountainview PLace, respectfully requests consideration of this Plan of Correction to be granted paper compliance.</p>				

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K020143 SS=E	<p>smoke detectors in all resident rooms. The facility has a capacity of 186 and had a census of 152 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has three detached buildings providing facility storage services which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/07/14.</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 Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p>			

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	<p>1. Based on observation and interview, the facility failed to ensure 1 of 3 oxygen storage rooms where oxygen transfer occurs had an electrical light switch no less than five feet above the floor. NFPA 99, 1999 Edition Standard for Health Care Facilities, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2(a)11(d) which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect 8 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/28/14 at 2:00 p.m. with the Maintenance Supervisor, the oxygen room located on 300 hall west had one electrical light switch just inside the room located four feet above the floor. Based on interview on 10/28/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the electrical light switch in the oxygen storage room used for oxygen transfer was located less than five feet above the floor.</p> <p>3.1-19(b)</p>	K020143	<p>1. The one oxygen room in question has had the light switch relocated so it is no less than five feet above the floor. 2. The vent in the 300 hall West oxygen room has been repaired. All residents in the facility have been identified as having potential to be affected by the alleged deficient practice. Proper operation of the vent, in the 300 hall West oxygen room, will be added to the Preventive Maintenance Program, to be checked monthly. The Maintenance Director, or his designee will be responsible. Maintenance checks will be reviewed in the facility QAPI meeting for 3 months. The QAPI committee will determine the need for additional monitoring after the initial 3 months.</p>	11/17/2014	

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K020144 SS=F	<p>2. Based on observation and interview, the facility failed to ensure 1 of 3 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could affect 8 residents on 300 hall west as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 10/28/14 at 2:06 p.m. with the Maintenance Supervisor, the oxygen storage room on 300 hall west used to store and transfer oxygen was provided with an electrically powered vent but it was not working. Based on interview on 10/28/14 at 2:10 p.m. it was acknowledged by the the Maintenance Supervisor this room was used to transfer oxygen and was unaware the vent was not working.</p> <p>3.1-19(b)</p> <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>	K020144	1. The number of seconds for the generator to transfer load is now documented on the generator log.2. A remote shut off for the generator will be added.All	11/21/2014

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	<p>seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 10/28/14 at 3:46 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 10/28/14 at 3:47 p.m. with the Maintenance Supervisor, it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented.</p>		<p>residents in the facility have been identified as having the potential to be affected by the alledged deficient practice. The Maintenance Director, or his designee will be responsible for documenting on the generator log the number of seconds it takes for the generator to transfer load. Generator logs will be reviewed in the facility QAPI meeting monthly for 3 months. The QAPI committee will determine the need for additional monitoring after the initial 3 months.</p>				

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	<p>3.1-19(b)</p> <p>2. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 10/28/14 at 2:45 p.m. with the Maintenance Supervisor, a remote shut off device was found inside the generator casing and not in a remote</p>			

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	location. Based on review of Generator Maintenance records on 10/28/14 at 3:50 p.m. with the Maintenance Supervisor, the generator was installed after 2003 and a remote means to shut the generator off was not provided. Based on interview on 10/28/14 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was unaware a remote shut off for the generator was required. 3.1-19(b)				