

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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K 000 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: 04/20/15</p> <p>Facility Number: 000177 Provider Number: 155278 AIM Number: 100289860</p> <p>At this Life Safety Code survey, Golden Living Center-Bloomington 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 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 rooms. The facility has a capacity of 153 and had</p>	K 000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the patients of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its patients in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this <i>Plan of Correction</i> shall serve as a credible allegation of compliance with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute <i>only</i>.</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 017 SS=E Bldg. 01	<p>a census of 131 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 one wood framed shed used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 open use areas were separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above or met an Exception. LSC 19.3.6.1, Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system shall be permitted to have spaces</p>	K 017	<p>K 017:</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure that all areas are fully sprinklered and/or protected by an electrically supervised, automatic smoke detection system in accordance with NFPA 101 Life Safety Code Standard.</p>	05/20/2015

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	<p>unlimited in size open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 10 residents, as well as staff and visitors while in the Advanced Alzheimer's Care Unit (AACU).</p> <p>Findings include:</p> <p>Based on observation on 04/20/15 at 12:10 p.m. during a tour of the facility with the Director of Maintenance, the AACU Dining Room was open to the corridor. Exception #1 requirement (c) of LSC 19.3.6.1 was not met as follows: The AACU Dining Room was not protected by an electrically supervised</p>		<p>I-II) An electrically supervised, automatic smoke detection system will be installed that includes the referenced AACU Dining Room.</p> <p>III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>				

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K 038 SS=E Bldg. 01	<p>automatic smoke detection system, or the entire space was not arranged and located to allow direct supervision by the facility staff from the nurses' station or similar staffed space. This was acknowledged by the Director of Maintenance at the time of observation.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure the means of egress through the Alzheimer's Care Unit (ACU) courtyard gate was readily accessible for 3 of 3 ACU exit doors. This deficient practice could affect up to 29 residents, as well as staff and visitors in the ACU.</p> <p>Findings include:</p> <p>Based on observation on 04/20/15 at 12:40 p.m. during a tour of the facility with the Director of Maintenance, the wooden courtyard gate outside the south exit door from the ACU was damaged and was not hinged. The gate was leaning against the fence posts. When attempting to open the gate it started to</p>	K 038	<p>K 038:</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure that exits are readily accessible at all time in accordance with NFPA 101 Life Safety Code Standard (section 7.1).</p> <p>I-II) The ACU courtyard gate will be repaired to insure a safe and accessible means of egress from the ACU.</p> <p>III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The</p>	05/20/2015

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K 076 SS=E Bldg. 01	<p>fall forward. If an evacuation was necessary, the gate could not be opened and/or removed easily. This was acknowledged by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure oxygen cylinders in 2 of 2 oxygen storage/transfer rooms were properly stored; chained or supported in a cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraints shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect any number of residents, as well as staff and visitors while outside</p>	K 076	<p>Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed</p> <p>K 076: It shall be the policy of Golden Living (of Bloomington) to insure that medical gas storage and administration areas are protected in accordance with NFPA 99 Standards for Health Care Facilities. I-II) All oxygen cylinders located in storage/transfer rooms will be supported by a proper cylinder stand and/or chained accordingly. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar</p>	05/20/2015

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K 130 SS=E Bldg. 01	<p>the Station One and Station Two oxygen rooms.</p> <p>Findings include:</p> <p>Based on observations on 04/20/15 between 11:45 a.m. and 1:45 p.m. during a tour of the facility with the Director of Maintenance, two oxygen e-cylinders in the Station One oxygen storage/transfer room and one oxygen e-cylinder in the Station Two oxygen storage/transfer room were freestanding and not properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of each observation, the Director of Maintenance acknowledged the oxygen e-cylinders in both locations were not properly supported.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling metal fire doors were in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the</p>	K 130	<p>occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p> <p>K 130:</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure that all horizontal/ vertical (sliding and rolling) fire doors are inspected annually to insure proper operation and full closure per manufacture</p>	05/20/2015			

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	<p>Code exempts such maintenance. 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 an unknown number of residents, as well as staff and visitors while using the main dining room which is located adjacent to the kitchen rolling metal fire door.</p> <p>Findings include:</p> <p>Based on observation on 04/20/15 at 11:15 a.m. during a tour of the facility with the Director of Maintenance, the metal rolling fire door was without an inspection tag protecting the opening from the kitchen to the dining room. Based on interview at the time of observation, this was confirmed by the Director of Maintenance, furthermore, the Director of Maintenance indicated there was no additional documentation of an annual inspection or test for the kitchen rolling metal fire door to check</p>		<p>specifications.</p> <p>I-II) The referenced metal rolling fire door will be inspected (at least annually) for proper operation and closure.</p> <p>III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed</p>	

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K 144 SS=C Bldg. 01	<p>for proper operation and full closure of the metal curtain.</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>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was in proper operating condition. NFPA 99, the Standard for Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall</p>	K 144	<p>K 144:</p> <p>It shall be the policy of Golden Living (of Bloomington) to inspect all generators weekly and exercise the same under load for 30 minutes/month (in accordance with NFPA 99) to insure proper functioning.</p> <p>I-II) The referenced generator will be inspected for proper functioning and will be repaired accordingly.</p> <p>III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be</p>	05/20/2015

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	<p>indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/20/15 at 12:55 p.m. during a tour of the facility with the Director of Maintenance, the generator's annunciator panel located at the Station Two Nurses' Station had the "Low Water Temp." light illuminated. The generator did start when tested at 1:45 p.m. This was acknowledged by the Director of Maintenance at the time of observations.</p>		informed as needed		

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K 147 SS=E Bldg. 01	<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</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 5 of 9 smoke compartments. LSC 19.5.1 requires utilities to comply with Section 9.1. 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 any number of residents, as well as staff and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/20/15 between 11:45 a.m. and 1:45 p.m. during a tour of the facility with the Director of Maintenance, the following was noted:</p> <ol style="list-style-type: none"> 1. The Beauty Shop had three curling irons and one hair dryer plugged into a power strip 2. The Snack Room had a microwave and refrigerator plugged into a power 	K 147	<p>K 147:</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure substitution devices are not used in lieu of fixed wiring (in any smoke compartment).</p> <p>I-II) Referenced fixed wiring substitution devices (power strips) will be removed</p> <p>III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed</p>	05/20/2015

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	<p>strip</p> <p>3. Resident room 21 had a refrigerator plugged into a power strip</p> <p>4. Resident room 48 had a breathing machine plugged into a power strip</p> <p>5. Station Two Manager Office had a microwave and a refrigerator plugged into a power strip</p> <p>These items were acknowledged by the Director of Maintenance at the time of each observation.</p> <p>3.1-19(b)</p>				