STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155138	A. BUILDING 01 B. WING	10/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GOLDEN LIVING CENTER-INDIANAPOLIS	2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/12/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 10/04/21 Facility Number: 000063 Provider Number: 155138 AIM Number: 100266210 At this PSR survey, Golden Living Center-Indianapolis was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. 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 a capacity of 115 and had a census of 71 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 10/05/21	K 0000	Please accept this plan of correction as our facility's credible allegation of compliance for our life safety code and emergency preparedness survey conducted on August 12th, 2021. Submission of this plan of correction is not an admission by Golden LivingCenter-Indianapolis that the deficiencies alleged in the survey are accurate or that they depict the quality of care and service provided to the residents of our facility. This plan of correction is submitted solely because doing so is required by state and federal law. Golden Living Centers – Indianapolis is respectfully requesting paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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K 0222 SS=F Bldg. 01	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS			

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	Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 Based on observation and interview, the facility failed to ensure the means of egress through 5 of 5 delayed egress locks were readily accessible for all residents, staff and visitors. LSC 7.2.1.6.1, Delayed Egress Locks allows approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system installed in accordance with Section 9.6, or an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided: (a) The doors unlock upon actuation of an	K 0222	1. What corrective actions will be accomplished for those residents found to have been affected by this alleged deficient practice: A delayed egress feature and 15 seconds delayed egress sticker will be added to all exterior doors to allow egress. An audit will be completed for all exterior doors to ensure 15-second egress feature functions properly and the 15 seconds delayed egress sticker is in place. 2. How will identify related safety	10/12/2021

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	approved, supervised automatic sprinkler system installed in accordance with Section 9.7, or upon the actuation of any heat detector or not more than two smoke detectors of an approved, supervised automatic fire detection system installed in accordance with Section 9.6. (b) The doors unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and at least 1/8 inch in stroke width on a contrasting background that reads: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". This deficient practice could affect all residents, staff and visitors if needing to exit the facility. Findings include: Based on observation with the Executive Director and the Maintenance Director during a tour of the facility from 9:45 a.m. to 10:15 a.m. on 10/04/21, the following exit doors were each marked as a facility exit, were each magnetically locked, were each equipped with the necessary egress signage but each exit door did not release to open when		features having the potential to be affected by the same deficient practice and what corrective actions will be taken. This deficient practice has the potential to be affected all residents, staff, and visitors. 3. How measures will be put into place or what systemic changes you will make to ensure that the deficiency does not recur Delayed egress function and delayed egress feature will be monitored using the Building engines system under door checks which occur daily during regular maintenance hours by the maintenance director, and/or designee. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place including time frames and person (s) responsible The maintenance Director, and/or designee will check the egress feature of each exit doors and monitor the documentation through Building Engines daily x6 weeks, and then weekly x6 months. All audit results will be addressed in monthly QAPI meetings. 5. A plan of correction completion date has been provided - October	

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	pushed for 15 seconds: A. the main entry / exit in the lobby area B. the A wing "short hall" emergency exit C. the kitchen entry / exit D. the rear entrance / exit E. the B wing "short hall" emergency exit Black duct tape and clear boxing tape was used to cover the magnet controlling the delayed egress door release which caused each door to not release to open when pushed for 15 seconds. Each door did release to open when the tape was removed from the magnet. Each exit door could also be opened with a facility furnished access card but the access card is only furnished to staff. Based on interview at the time of the observations, the Executive Director stated he did not know why the tape was on the magnets and agreed covering the magnet with tape caused each door to not release to open as a delayed egress door. This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference. "This deficiency was cited on 08/12/21. The facility failed to implement a systemic plan of correction to prevent recurrence." 3.1-19(b)		12th, 2021. 6. Please see Exhibit A	