

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 06/07/2017
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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: 06/07/17</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 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.</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 0346 SS=C Bldg. 01	<p>a capacity of 115 and had a census of 54 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 06/08/17 - DA</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 Based on record review and interview, the facility failed to provide a complete written policy for 1 of 1 written fire safety plans for the protection of residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC Section 9.6.1.6. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0346	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows.</p> <p>Fire Alarm System Impairment procedure will be added to all Emergency Action Guides that outline the procedure if the fire alarm system is impaired, and will include language to report to ISDH if the fire alarm system is impaired for four hours in a 24 hour period.</p>	07/07/2017

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	<p>Based on review of "Disaster Plan: Fire Protection System Impairments" documentation with the Maintenance Supervisor during record review from 8:45 a.m. to 10:35 a.m. on 06/07/17, the written fire watch policy did not expressly state the fire alarm system in the impairment policy and did not include notification of the Indiana State Department of Health (ISDH) which is an authority having jurisdiction. Based on interview at the time of record review, the Maintenance Director acknowledged the written fire watch policy for the facility did not include fire alarm system impairment and did not include notification of the ISDH.</p> <p>3.1-19(b)</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken is as follows:</p> <p>All residents and staff have potential to be affected by the same deficient practice. : Fire Alarm System Impairment procedure will be added to all Emergency Action Guides that outline the procedure if the fire alarm system is impaired, and will include language to report to ISDH if the fire alarm system is impaired for four hours in a 24 hour period.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows:</p> <p>Fire Alarm System Impairment procedure will be added to all Emergency Action Guides that outline the procedure if the fire alarm system is impaired, and will include language to report to ISDH if the fire alarm system is impaired for four hours in a 24 hour period. Emergency Action Guides will be audited annually</p>	

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K 0354 SS=C Bldg. 01	NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings		for proper contents by Executive director and Maintenance Director. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place and by what date the systemic changes will be completed is as follows: Emergency Action Guides will be audited annually for proper contents by Executive director and Maintenance Director. Annual Emergency Action Guide audit will be submitted to be reviewed by the QA&A committee. Systemic changes will be completed by By what date the systemic changes will be completed is as follows: July 7th, 2017	

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	<p>involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for 1 of 1 written fire safety plans for the protection of residents indicating procedures to be followed in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 15.5.2 requires the fire department, insurance carrier, the alarm company, the property owner or designated representative and other authorities having jurisdiction be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0354	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Fire Protection System Impairment procedure will be added to all Emergency Action Guides that outline the procedure if the sprinkler system is impaired, and will include language to report to ISDH if system is impaired for four hours in a 24 hour period.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken is as follows:</p> <p>All residents and staff have potential to be affected by the same deficient practice. : Fire Protection System Impairment</p>	07/07/2017

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	<p>Based on review of "Disaster Plan: Fire Protection System Impairments" documentation with the Maintenance Supervisor during record review from 8:45 a.m. to 10:35 a.m. on 06/07/17, the written fire watch policy for automatic sprinkler system impairment did not include notification of the Indiana State Department of Health (ISDH) which is an authority having jurisdiction. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the aforementioned written fire watch policy for automatic sprinkler system impairment did not include notification of the ISDH.</p> <p>3.1-19(b)</p>		<p>procedure will be added to all Emergency Action Guides that outline the procedure if the sprinkler system is impaired, and will include language to report to ISDH if system is impaired for four hours in a 24 hour period.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows:</p> <p>Fire Protection System Impairment procedure will be added to all Emergency Action Guides that outline the procedure if the sprinkler system is impaired, and will include language to report to ISDH if system is impaired for four hours in a 24 hour period. Emergency Action Guides will be audited annually for proper contents by Executive director and Maintenance Director.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place and by what date the systemic changes will be completed is as follows:</p>	

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K 0711 SS=C Bldg. 01	<p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review, observation and interview; the facility failed to provide a written plan that addressed all components in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall</p>	K 0711	<p>Emergency Action Guides will be audited annually for proper contents by Executive director and Maintenance Director. Annual Emergency Action Guide audit will be submitted to be reviewed by the QA&A committee. Systemic changes will be completed by.</p> <p>By what date the systemic changes will be completed is as follows: July 7th, 2017</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>The "Fire Plan" will be updated in the "specific assignments" section</p>	07/07/2017	

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	<p>provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire <p>Section 19.2.3.4(4) states any required aisle or corridor shall not be less than 48 inches in clear width where serving as means of egress from patient sleeping rooms. Projections into the required width shall be permitted for wheeled equipment provided the relocation of wheeled equipment during a fire or similar emergency is addressed in the written fire safety plan and training program for the facility. The wheeled equipment is limited to:</p> <ol style="list-style-type: none"> i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>		<p>to include moving of medical equipment not in use to the nearest unoccupied room. Language will include crash carts, patient lifts, treatment carts, med carts, transport equipment and any other obstruction in the hallway.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken is as follows:</p> <p>All residents have the potential to be affected by this deficient practice. The "Fire Plan" will be updated in the "specific assignments" section to include moving of medical equipment not in use to the nearest unoccupied room. Language will include crash carts, patient lifts, treatment carts, med carts, transport equipment and any other obstruction in the hallway.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows: Emergency action guides will be audited by the maintenance director and executive director annually to</p>	

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	Based on review of "Disaster Plan" and "Fire Plan" documentation with the Maintenance Supervisor during record review from 8:45 a.m. to 10:35 a.m. on 06/07/17, the written fire safety plan did not address the relocation of wheeled equipment during a fire or similar emergency. The "Fire Plan" section of the aforementioned written fire safety plan stated specific staff assignments in the event of fire and directed housekeeping staff to "help clear the hallways by moving all linen carts, laundry receptacles, housekeeping carts, etc. to the nearest unoccupied room (shower, resident room, etc.) but did not specifically address the relocation of medical equipment not in use and patient lift and transport equipment. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written fire safety plan did not address the relocation of all wheeled equipment during a fire or similar emergency. Based on observations with the Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 12:40 p.m. on 06/07/17, crash carts were noted in the corridor by the A Wing nurse's station and the B Wing nurse's station. Hoyer lifts were noted in the corridor outside Rooms 4, 25, 27 and 36.		ensure the proper language is present. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place and by what date the systemic changes will be completed is as follows: Emergency action guides will be audited by the maintenance director and executive director annually to ensure the proper language is present. Results of annual emergency action guide audit will be submitted to QA&A for review. Systemic changes will be completed by July 7th, 2017 By what date the systemic changes will be completed is as follows: July 7th, 2017	

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K 0712 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to document activation of the fire alarm system for first shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 19.7.1.4 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p>	K 0712	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Fire alarms will be activated on a monthly basis in conjunction with the monthly fire drill. If a silent drill is planned, the alarm will be activated within the same 24 hour period and documented in the same section as the monthly fire drills in chronological order.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken is as</p>	07/07/2017			

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	<p>Based on review of "Report of Monthly Fire Drill" documentation with the Maintenance Supervisor during record review from 8:45 a.m. to 10:35 a.m. on 06/07/17, documentation for the first shift fire drill conducted on 03/08/17 at 2:30 p.m. indicated the drill was conducted after 6:00 a.m. but before 9:00 p.m. and did not include activation of the fire alarm system and transmission of the fire alarm signal. The aforementioned fire drill documentation stated the drill was a "simulated silent drill" and stated "silent drill" in response to "who sounded the fire alarm and when." In addition, the aforementioned fire drill documentation stated "no sim" in response to "Did the Central Monitoring Company receive the fire alarm notification?" Based on interview at the time of record review, the Maintenance Supervisor stated the facility operates two shifts per day (6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m.) and acknowledged documentation for the aforementioned first shift fire drill conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b)</p>		<p>follows:</p> <p>All residents have the potential to be affected by the same deficient practice. Fire alarms will be activated on a monthly basis in conjunction with the monthly fire drill. If a silent drill is planned, the alarm will be activated within the same 24 hour period and documented in the same section as the monthly fire drills in chronological order.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows:</p> <p>Maintenance director and Executive Director will review all fire drills and alarm activations each month to ensure alarms have been activated monthly in accordance with life safety code standards.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place and by what date the systemic changes will be completed is</p>	

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K 0923 SS=E Bldg. 01	<p>NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a</p>				<p>as follows:</p> <p>Maintenance director and Executive Director will review all fire drills and alarm activations each month to ensure alarms have been activated monthly in accordance with life safety code standards. Results of the reviews will be documented in QA&A to verify and document that the alarms were activated and the fire drills have taken place properly. The systematic changes will take place by July 7th, 2017</p> <p>By what date the systemic changes will be completed is as follows: July 7th, 2017</p>		

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	<p>minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 3 of 8 cylinders of nonflammable gases such as oxygen were properly secured from falling in 1 of 1 oxygen storage and transfilling rooms. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.1 states storage for nonflammable gases equal to or greater than 85 cubic meters (3000 cubic feet) shall comply with 5.1.3.3.2 and 5.1.3.3.3. NFPA 99, Section 5.1.3.3.2(7) requires cylinders be provided with racks, chains, or other</p>	K 0923	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>A support chain was added to the oxygen room to secure oxygen cylinders properly.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>	07/07/2017
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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 06/07/2017
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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	<p>fastenings to secure all cylinders from falling, whether connected, unconnected, full or empty. This deficient practice could affect 20 staff and visitors in the vicinity of the oxygen storage and transfilling room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 12:40 p.m. on 06/07/17, three of eight 'E' type oxygen cylinders in the oxygen storage and transfilling room by the main dining room were not properly chained or supported in a proper cylinder stand, cart or rack. Eight liquid oxygen containers were also observed stored in the room. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged three of eight 'E' type oxygen cylinders in the aforementioned oxygen storage and transfilling room were not properly chained or supported in a proper cylinder stand, cart or rack.</p> <p>3.1-19(b)</p>		<p>action will be taken is as follows:</p> <p>All residents have potential to be affected by the same deficient practice. A support chain was added to the oxygen room to secure oxygen cylinders properly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows:</p> <p>An audit will be added to the "daily interior rounds" section of building engines to check the proper securing and storage of all compressed gas cylinders on a daily basis.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place and by what date the systemic changes will be completed is as follows:</p> <p>An audit will be added to the "daily interior rounds" section of building engines to check the proper securing and storage of all compressed gas cylinders on a daily basis. Results of daily</p>		

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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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			interior rounds will be reported to the QA&A for review. Systemic changes will be completed by July 7th, 2017 By what date the systemic changes will be completed is as follows: July 7th, 2017		