PRINTED:	08/01/2016
FORM AP	PROVED
OMB NO. (0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG COMP Conservement of the APPROPRIATE DEFINING INFORMATION) COMP COMP COMP DEFINING INFORMATION) COMP COMP COMP DEFINING INFORMATION) COMP COMP COMP DEFINING INFORMATION) COMP COMP DEFINING INFORMATION DEFINING INFORMATION) COMP COMP DEFINING INFORMATION DEFINING INFORMATION) COMP DEFINING INFORMATION DEFINING INFORMATION) COMP DEFINING DEFINING INFORMATION DEFINING INFORMATION) COMP DEFINING DEFINING DEFINING INFORMATION DEFINING INFORMATION) COMP DEFINING DEFINING DEFINING INFORMATION DEFINING INFORMATION) COMP DEFINING DEFINING DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFINING INFORMATION DEFININ		TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155138		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING		COM 07/	(X3) DATE SURVEY COMPLETED 07/19/2016	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Composition of the approximation approximation of the approximation of the app					2860 CH	HURCHMAN AVE	ODE	
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).K 0000Survey Date: 07/19/16Facility Number: 000063 Provider Number: 155138 AIM Number: 100266210Image: 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 1AC 16.2.Image: Compliance with a basement was determined to be of Type III (200) construction and filly sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridor. The facility has battery	PREFIX TAG R	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	IOULD BE	(X5) COMPLETION DATE
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	Bldg. 01 A L Stai the acc Sur Fac Pro AIN At 1 Liv in c Par CFI Fire Life Exi 410	te Licensure Indiana Stat ordance with vey Date: 0 sility Numbe vider Numb M Number: this Life Saf ing Center-I compliance v ticipation in R Subpart 48 e and the 200 e Protection e Safety Cod sting Health 0 IAC 16.2. s one story f	Survey was conducted by e Department of Health in a 42 CFR 483.70(a). 7/19/16 r: 000063 er: 155138 100266210 ety Code survey, Golden ndianapolis was found not with Requirements for Medicare/Medicaid, 42 83.70(a), Life Safety from 00 edition of the National Association (NFPA) 101, le (LSC), Chapter 19, Care Occupancies and	K 0	000			
operated smoke detectors installed in all resident sleeping rooms. The facility has	faci smo corr corr ope	ility has a fir oke detection ridors and in ridor. The fa erated smoke	e alarm system with n on all levels in the all areas open to the acility has battery detectors installed in all					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMEN	R MEDICARE & MEDIONT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUITIDIE	CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER: 155138	A. BUILDING B. WING	<u>01</u>	COMPLETED 07/19/2016
		100100	_	T ADDRESS, CITY, STATE, ZIP CODE	07710/2010
NAME OF I	PROVIDER OR SUPPLIE	ER		CHURCHMAN AVE	
GOLDEN	I LIVING CENTER	R-INDIANAPOLIS	INDIA	NAPOLIS, IN 46203	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	
TAG		PR LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
		15 and had a census of 74			
	at the time of th	nis visit.			
	All areas where	e residents have customary			
		rinklered and all areas			
	-	ity services were			
	sprinklered.	ty services were			
	Sprinter et al.				
	Quality Review	/ completed on 07/20/16 -			
	DA				
(0029	NFPA 101				
SS=D		ODE STANDARD			
Bldg. 01	One hour fire rate	ed construction (with o hour			
		or an approved automatic			
		y system in accordance with 3.5.4 protects hazardous			
		e approved automatic fire			
	extinguishing sys	stem option is used, the			
		ated from other spaces by			
	are self-closing a	partitions and doors. Doors			
		ective plates that do not			
		s from the bottom of the			
	door are permitte		V 0020		00/11/201
		vation and interview, the	K 0029	To comply with this regulation, the facility has ordered a self	08/11/201
		o ensure 1 of 8 hazardous		closing device and latch to be	
		al fired heater rooms are		installed on the boiler room doo	
	-	self closing devices or are ng. This deficient practice		Self closing device will be adde to a monthly inspection to ensu	
		ee staff and visitors in the		proper functioning	
		basement Electrical and			
	Mechanical Ro				
	Findings includ	le:			

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			TE SURVEY IPLETED
AND TEAN OF CORRECTION		155138	B. WING			19/2016
NAME OF	PROVIDER OR SUPPLIE	R			CODE	
GOLDEN	I LIVING CENTER	-INDIANAPOLIS				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE / DEFICIENCY)	RECTION HOULD BE APPROPRIATE	(X5) COMPLETION DATE
< 0144 SS=C Bldg. 01	from 10:55 a.m 07/19/16, the ad Electrical and M equipped with a close and latch frame. The bas Mechanical Roo gas fired boiler. the time of obse Maintenance ad Electrical and M not equipped w 3.1-19(b) NFPA 101 LIFE SAFETY CO Generators inspe under load for 30 shall be in accord NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 110) Based on obser facility failed to lighting in and a accordance with Edition, Life Sa 19.2.9.1 states of be provided in a 7.9. LSC Sectio	Aring a tour of the facility . to 1:15 p.m. on access door to the basement Acchanical Room is not a self closing device to the door into the door ement Electrical and om contained a natural Based on interview at ervation, the Director of knowledged the basement Acchanical Room door is ith a self closing device. DDE STANDARD exted weekly and exercised minutes per month and dance with NFPA 99 and 2 (NFPA 99), Chapter 6 vation and interview, the o provide emergency task around the generator set in n NFPA 101, 2000 aftety Code. Section emergency lighting shall accordance with Section on 7.9.2.3 requires erators providing power to ting systems shall be	THECATION NUMBER: A. BUILDING 01 1138 B. WING STREET ADDRESS, CITY, STATE, ZIP CO NNAPOLIS STREET ADDRESS, CITY, STATE, ZIP CO 2860 CHURCHMAN AVE INDIANAPOLIS INDIANAPOLIS, IN 46203 INDIANAPOLIS, IN 46203 A BUILDING PREFIX Provide and code of code of code of code of code of code of the facility 15 p.m. on no no foor to the basement INDIANAPOLIS 15 p.m. on Noor to the basement INDIANAPOLIS DEFICIENCIE 16 or into the door Electrical and Intained a natural DEFICIENCY 20 or into the door Electrical and Intained a natural DEFICIENCY 21 do ninterview at Intained a natural Foomptotic field (Interview) To comply with this reg 21 dide emergency task K 0144 To comply with this reg Facility has ordered and operated light to be insist the emergency general To ensure proper funct battery will be inspected monthly basis by the M 22 doc. Section Director or the designed for the designed	d battery stalled by tor tioning, the ed on a faintenance	08/12/2016	

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	(X2) MULTIPLE CO A. BUILDING B. WING	<u>01</u>		(X3) DATE SURVEY COMPLETED 07/19/2016	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	accordance with Emergency and NFPA 110 Sect EPS (Emergence equipment loca with battery por This deficient p residents, staff Findings includ Based on obser Maintenance du from 10:55 a.m 07/19/16, the en located outside area and was no operated emerg interview at the Director of Mai emergency gence new location ou and acknowled generator was la	the: vation with the Director of uring a tour of the facility . to 1:15 p.m. on mergency generator was the building in a fenced in of provided with a battery ency light. Based on time of observation, the intenance stated a new erator was installed at a utside the facility in 2014 ged the emergency ocated outside the nced in area and was not a battery operated					

FORM CMS-2567(02-99) Previous Versions Obsolete

ZMKJ21 Facility ID: 000063

If continuation sheet

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