

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155187	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/23/2017
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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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K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/18/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/23/17</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>At this PSR survey, Golden Living Center-Fountainview was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 483.70(a), Life Safety from Fire, the 2012 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>	K 0000	<p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</p> <p>The facility respectfully request paper compliance Thank you for your consideration,</p> <p>Respectfully, Jason Eastlund, BSW, HFA</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 0321 SS=A Bldg. 01	<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 155 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 completed on 02/24/17 - DA</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of</p>						

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	<p>hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Seperation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K3220)</p> <p>Based on observation and interview, the facility failed to maintain protection of 1 of 1 Laundry in accordance of 19.3.2. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 02/23/17 at 12:23 p.m., the Laundry contained fuel-fire equipment. One of the Laundry corridor doors sets contained an astragal. No coordinating device was installed to prevent the astragal door from closing first. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned condition.</p>	K 0321	<p>Laundry room doors were adjusted to latch correctly and 301 was adjusted to storage room standards, by the maintenance department, prior to date of compliance.</p> <p>All other doors were reviewed to ensure latching occurred correctly, by the maintenance department, prior to date of compliance.</p> <p>Maintenance department reviewed K tag 321</p> <p>The mentioned areas will be reviewed 1 X per week for 4 weeks. 1 X per month for 3 months and then quarterly until 100% compliance is achieved.</p> <p>All negative findings will be reviewed in monthly QUAPI meeting.</p>	03/06/2017

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K 0781 SS=A Bldg. 01	<p>3.1-19(b)</p> <p>This deficiency was cited on 01/18/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 space heaters was in accordance with 19.7.8. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 02/23/17 at 12:39 p.m., a space heater was discovered in the Medical Records room. Based on interview at the time of observation, the Director of Maintenance acknowledged the aforementioned condition.</p>	K 0781	<p>Space heater was immediately removed from employees office. Facility searched to identify any other space heaters being utilized. Facility management educated on K781 Facility to be searched 1 X per month to identify any space heaters being utilized for 6 months.</p>	03/06/2017
K 0920 SS=A	<p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and</p>			

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Bldg. 01	<p><b>Extens</b> Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring according to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient</p>	K 0920	<p>All extension cords and surge protectors were removed from the affected area.</p> <p>Facility audited all areas to ensure that there were no other extension cords or surge protectors being utilized.</p> <p>Maintenance department and department heads reviewed K tag 711</p> <p>The mentioned area will be</p>	03/06/2017			

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K 0000  Bldg. 02	<p>practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 02/23/17 at 12:39 p.m., a surge protector was powering a microwave in the Medical Records office. Based on interview at the time of observation, the Director of Maintenance acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 02/23/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/18/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/23/17</p> <p>Facility Number: 000098 Provider Number: 155187</p>			K 0000	<p>reviewed 1 X per week for 4 weeks. 1 X per month for 3 months and then quarterly until 100% compliance is achieved.</p> <p>All negative findings will be reviewed in monthly QUAPI meeting.</p> <p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal</p>		

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

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