

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE		STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/13/19 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 05/09/19</p> <p>Facility Number: 000165 Provider Number: 155264 AIM Number: 100288220</p> <p>At this PSR survey, Golden Living Center-Golden Rule 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.</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 170 and had a census of 83 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had three wooden detached storage sheds which were not sprinkled.</p> <p>Quality Review completed on 05/17/19</p>	K 0000	<p>Preparation, submission and implementation of the Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and comply with all applicable and state requirements.</p> <p>The facility respectfully requests a desk review of our responses to this survey.</p>	

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE		STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0351 SS=E Bldg. 01	<p>NFPA 101</p> <p>Sprinkler System - Installation</p> <p>Spinkler System - Installation</p> <p>2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 auxiliary electrical spaces was provided with sprinkler coverage in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 8.15.10.3 states Sprinklers shall not be required in electrical equipment rooms where all of the following conditions are met:</p> <ol style="list-style-type: none"> 1. The room is dedicated to electrical equipment only. 2. Only dry-type electrical equipment is used. 3. Equipment is installed in a 2-hour fire rated enclosure including protection for penetrations. 4. No combustible storage is permitted to be stored in the room. This deficient practice could affect residents, visitors and staff. 	K 0351	<p>The corrective action for the areas found to be affected by this alleged deficient practice are as follows:</p> <p>All residents who reside on our West Garden Unit have the potential to be affected by this alleged deficient practice.</p> <p>A tour of the facility has been completed and there are no other electrical closets than the one on the West Garden Unit.</p> <p>The electrical closet on the West Garden Unit now meets the requirements according to NFPA 8.15.10.3. The room continues to</p>	05/13/2019

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155264	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE		STREET ADDRESS, CITY, STATE, ZIP COD 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374		
(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
	<p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 05/09/19 during the tour between at 12:06 p.m. to 1:45 p.m., the auxiliary electrical closet space in the dining room on west Garden hall lacked sprinkler protection and did not meet item (3) installed in a 2-hour fire rated enclosure. Based on interview concurrent with observation with the Maintenance Supervisor it could not be definitively determined what the fire rating of the enclosure was. The Maintenance Supervisor and Administrator could not produce documentation for the fire rating of the enclosure and said they would have it investigate further.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 02/13/19. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>		<p>be dedicated to electrical use only, only dry type electrical equipment is in use and no combustible materials are stored in the closet. On May 13, 2019 the facility maintenance department replaced all wall boards within the closet with the following materials; 5/8" drywall, Type X fire rated (See Attachment A1, Attachment A2 and Attachment A3) and 1/4" cement board (See Attachment B1, Attachment B2 and Attachment B3). After the aforementioned materials were installed the seams were sealed with fire caulk (See Attachment C1 and Attachment C2).</p> <p>During regular rounds the facility Maintenance Director or his designee will ensure the electrical closet remains in compliance with NFPA 8.15.10.3. (See Attachment D)</p> <p>The alleged deficient practice will be discussed during our next regularly scheduled QAPI meeting and reviewed monthly until compliance is maintained for 6 consecutive months.</p>	