STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 01 B. WING	02/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-GOLDEN RULE	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	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). Survey Date: 02/01/17 Facility Number: 000165 Provider Number: 155264 AIM Number: 100288220 At this Life Safety Code survey, Golden Living Center-Golden Rule 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. 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 110 at the time of	K 0000		

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

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	this survey. 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. Quality Review completed on 02/03/17 - DA			
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to ensure 1 of 3 automatic sprinkler system post indicator valves was maintained in accordance with NFPA 25. NFPA 25, Standard for	K 0353	K-353 1. The post indicator valve was replaced on 2/14/17. All	02/14/2017

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	the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all patients, staff, and visitors in the facility. Based on record review on 02/01/17 at 9:15 a.m. with the maintenance supervisor, the most current annual functional test of fire alarm system components from Safecare Fire & Security dated 08/15/16 indicated in the remarks section the post indicator valve was broken. Based on observation on 02/01/17 at 9:30 a.m. with the maintenance supervisor, the outside east main post indicator valve was cracked from the bottom of the valve along the entire side of the valve to the top. Based on an interview at the time of observation, the maintenance supervisor indicated the facility received an estimate for repair in 2016 but has not had the post indicator valve repaired. This was		6 sprinkler system gauges have been replaced with new gauges dated 2017. 2. This practice has the potential to affect all residents. 3. The Maintenance Director and Maintenance Assistant were educated on the NFPA 25 requirements regarding post indicator valves and sprinkler gauges. 4. The Maintenance Director or designee will add a visual inspection of the post indicator valves to his monthly Preventative Maintenance log and will report to the Quality Assurance Committee any concerns. The Maintenance Director or designee will add a visual inspection of the sprinkler gauges to his annual Preventative Maintenance log and will report to the Quality	

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	verified by the maintenance supervisor at the time of record review and acknowledge by the administrator at the exit conference on 02/01/17 at 2:05 p.m. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 6 of 6 sprinkler system gauges were replaced every 5 years in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. This deficient practice could affect all residents in the facility. Findings include: Based on observation on 02/01/17 from 9:05 a.m. to 2:05 p.m., the north sprinkler riser room in the Alzheimer Hall and the south sprinkler riser room in the Maintenance Hall each had three sprinkler gauges dated 2011. Based on an interview with the maintenance supervisor at the time of observations, it was not known the six sprinkler gauges were over five years old. This was acknowledged by the administrator at the exit conference on 02/01/17 at 2:05 p.m.		Assurance Committee any concerns. 5. All deficiencies will be fixed by 2/14/17	

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	3.1-19(b)			
K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens 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) assembles 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 Based on observation and interview, the facility failed to ensure 11 of 84 resident rooms did not use power strips for resident electrical equipment. This deficient practice affects 22 resident who reside in resident rooms 17, 18, 27, 33, 35, 36, 37, 38, 40, 42, and 43. Findings include:	K 0920	K-920 1. All non-UL 1363 power strips were replaced with UL 1363 power strips on 2/9/17.	02/09/2017

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	Based on observations on 02/01/17 during a tour of the facility with the maintenance supervisor from 9:05 a.m. to 2:05 p.m., resident rooms 17, 18, 27, 33, 35, 37, 38, 40 and 42 each used a power strip for residents personal electrical equipment items including televisions, alarm clocks, computers, bed side lights, and floor fans. Additionally, the power strips used by the facility lacked a UL 1363 label on each power strip used in the resident rooms. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/01/17 at 2:05 p.m. 3.1-19(b)		2. This deficiency has the potential to affect all residents. A facility wide room by room search was conducted and any non-UL 1363 power strips were replaced. 3. All staff will be educated on the requirements regarding UL 1363 power strips and their proper usage. The admissions paperwork will now include a note for residents and families about using power strips and what is required. 4. The Maintenance Director or designee will conduct a facility wide room by room search for the next three months, then once a quarter thereafter. Any findings will be addressed in the Quality Assurance meeting.	

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			5. All deficiencies will be fixed by 2/9/17	
K 0927 SS=E Bldg. 01	NFPA 101 Gas Equipment - Transfilling Cylinders Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)			
	Based on observation and interview, the facility failed to ensure 1 of 1 oxygen transfilling rooms was provided with a noncombustible floor. NFPA 99 2012 edition, 11.5.2.3.2.3.2 (1) requires oxygen transfilling rooms to be well ventilated and has noncombustible flooring. This deficient practice could affect 28 residents who reside on the North Hall. Findings include: Based on observation on 02/01/17 at 12:45 p.m. with the maintenance supervisor, the North Hall liquid oxygen transfilling room had a concrete floor	K 0927	K-927 1. The painted floor in the oxygen transfilling room was stripped down to bare concrete on 2/7/17. 2. This deficiency had the potential to affect 28 residents who reside on the north hall.	02/07/2017

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	covered in gray paint. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/01/17 at 2:05 p.m. 3.1-19(b)		3. The Maintenance Director and Maintenance Assistant were educated on the requirements regarding oxygen transfilling rooms. 4. The Maintenance Director or designee will add a visual inspection of the oxygen transfilling room to his annual Preventative Maintenance log and will report to the Quality Assurance Committee any concerns. 5. This deficiency will be corrected by 2/7/17	