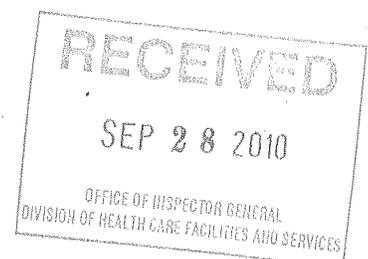


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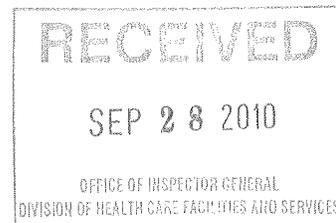
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185192	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  09/02/2010
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - ST MATTHEWS			STREET ADDRESS, CITY, STATE, ZIP CODE 227 BROWNS LANE LOUISVILLE, KY 40207	
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K 038	Continued From page 2  Interview on 09/02/10 at 8:56am, with the Maintenance Director, revealed he had not noticed the delayed egress signs on the doors were being blocked by the curtains on the doors.  Reference: NFPA 101 (2000 edition) 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayedegress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device	K 038		



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K 038	Continued From page 3 required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) *On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS	K 038			
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.  This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to maintain emergency lighting equipment. This equipment must be maintained to ensure reliability in an emergency.  The findings include:	K 046	<b>K046 NFPA 101 Life Safety Code Standard</b> ( Emergency lighting of at least 1 1/2 hour duration is provided in accordance with 7.9. 19.2.9.1.)  1. No specific Resident identified  2. All residents have the potential to be affected  3. All battery powered lighting has been tested.  4. Facility Maintenance Director or Designee will test battery powered lighting for 30 seconds monthly and 90 minutes yearly. All issues will be tracked through morning meeting and QA process.  Completion Date: 10-01-2010		



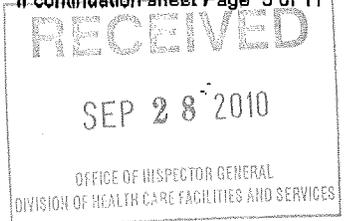
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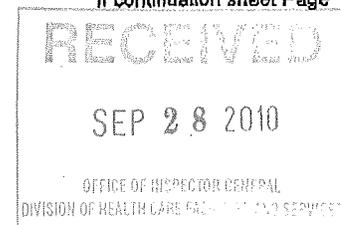
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K 046	<p>Continued From page 4</p> <p>Record review and interview on 09/02/10 at 8:49am revealed the facility could not produce any documented testing for the emergency lighting equipment. The facility has a total of (4) emergency lights. The emergency lights were located in the two dining rooms and in the kitchen area. The observation was confirmed by the Maintenance Director. The Maintenance Director stated that he does check the emergency lights monthly by pressing the test button but does not conduct the test for (30) seconds monthly or (90) minutes yearly.</p> <p>Reference: NFPA 101 (2000 edition) 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall</p>	K 046		



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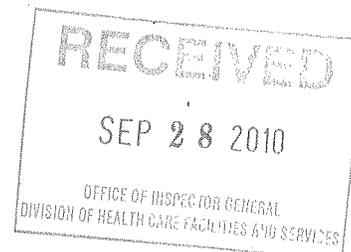
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K 046	Continued From page 5 be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.	K 046			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure sprinkler heads were maintained according to NFPA Standards. Sprinkler heads must be maintained to ensure their reliability in the event of a fire.  The findings include:  Observation on 09/02/10 at 8:31am revealed a sprinkler head located in the walk in refrigerator had a buildup of ice on the sprinkler head. The observation was confirmed with the Maintenance Director.  Interview on 09/02/10 at 8:31am, with the Maintenance Director, revealed he was unaware of the buildup of ice on the sprinkler head located in the refrigerator.  Reference: NFPA 25 (1998 edition) 2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion,	K 062	<b>K062 NFPA 101 Life Safety Code Standard</b> (Required automatic sprinkler system are continuously maintained in reliable operating condition and are inspected and tested periodically).  1. No specific Resident identified  2. All residents have the potential to be affected  3. Facility has replaced sprinkler head that had ice on it in the freezer. This was completed on 9-2-2010.  4. Maintenance Director or designee complete weekly rounds of the Kitchen and sprinkler system.  Completion Date: 10-01-2010		



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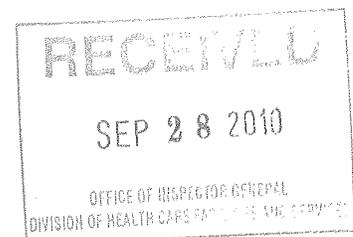
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K 062	Continued From page 6 foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1:* Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 10-3 Prevention of Ice Obstruction. Dry pipe or preaction sprinkler system piping that protects or passes through freezers or cold storage rooms shall be visually inspected internally on an annual basis for ice obstructions at the point where the piping enters the refrigerated area. All penetrations into the cold storage areas shall be inspected, and, if an ice obstruction is found, additional pipe shall be examined to ensure no ice blockage exists.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		



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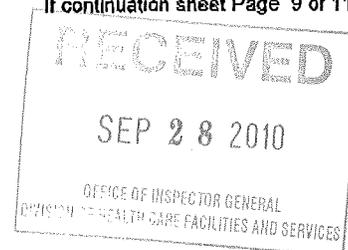
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K 064	Continued From page 7  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain fire extinguishers according to NFPA standards. Fire extinguishers must be maintained to ensure there reliability in an emergency.  The findings include:  Observation on 09/02/10 at 9:21am revealed a fire extinguisher located in the upstairs boiler room had not had a yearly inspection performed. The last yearly inspection was conducted on 01/09. The observation was confirmed with the Maintenance Director.  Interview on 09/02/10 at 9:21am, with the Maintenance Director, revealed he relied on a fire extinguisher company to perform the yearly inspections of fire extinguishers in the facility.  Reference: NFPA 10 (1998 edition) 4-1.2 The procedure for inspection and maintenance of fire extinguishers varies considerably. Minimal knowledge is necessary to perform a monthly "quick check" or inspection in order to follow the inspection procedure as outlined in Section 4-3. A trained person who has undergone the instructions necessary to reliably perform maintenance and has the manufacturer's service manual shall service the fire extinguishers not more than 1 year apart, as outlined in Section	K 064	<b>K064 NFPA 101 Life Safety Code Standard</b> (Portable fire extinguishers are provided in all health care occupancies )  1. No specific Resident identified  2. All residents have the potential to be affected  3. Facility has removed portable fire extinguisher that was unlabeled. Extinguishers will be purchased through Simplex Grinnell fire protection company.  4. Facility Maintenance director to designee will check monthly and will have contracted fire protection company check quarterly.  <i>Completion Date: 10-1-10</i>	



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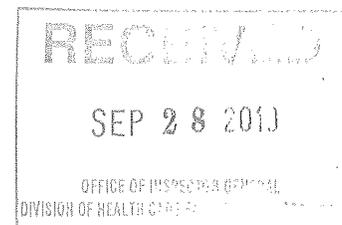
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K 064	Continued From page 8 4-4. 4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.	K 064		
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10  This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that corridors were maintained free from obstructions for instant use in the case of fire or other emergency, according to NFPA standards. Corridors must be kept clear for the use of exits and handrails in the event of an emergency. The Life Safety Code has specific requirements for storage.  Observation on 09/02/10 at 8:40am revealed there were (2) clean linen carts in the 100 Hall. Further observation revealed there were (3) clean linen carts in the 300 Hall. The clean linen carts were not in use and were unattended. The observation was confirmed with the Maintenance Director.  Interview on 09/02/10 at 8:40am, with the	K 072	<b>K 072 NFPA 101 Life Safety Code Standard</b> (Means of egress are continuously maintained free of all obstructions or impediments)  1. No specific Resident identified  2. All residents have the potential to be affected  3. All Linen carts will be removed from the halls and linen will be stored in the closets on the halls.  4. Facility Maintenance Director or Designee will monitor the use/placement of the linen carts daily/weekly during rooms rounds. All issue will be addressed daily and all trending will be followed up with during QA.  Completion Date: 10-01-2010	



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K 072	Continued From page 9 Maintenance Director, revealed the carts are left in the corridors due to a lack of space.	K 072		
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that combustible decorations were not used in the facility, according to NFPA standards. Combustible decorations cannot be used as the materials could contribute to the spread of fire.  The findings include:  Observation on 09/02/10 at 8:36am revealed resident rooms (104, 105, and 106) had wreaths made of combustible materials located on the doors. The observation was confirmed with the Maintenance Director.  Interview on 09/02/10 at 8:36am, with the Maintenance Director, revealed the facility could not produce any documentation that the wreaths had been treated with a fire retardant or that the wreaths were constructed of noncombustible materials.	K 073	<b>K073 NFPA 101 Life Safety Code Standard</b> (No furnishings or decoration of highly flammable character are used)  1. No specific Resident identified  2. All residents have the potential to be affected  3. Facility has removed all decorations from resident doors.  4. Facility is to purchase fire retardant spray. Maintenance Director or Designee will spray all wreaths and track them to a inventory list to assure all have been sprayed. All outstanding issues will be reported in morning stand up and tracked in QA.  Completion Date: 10-01-10	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		



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K 147	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical equipment was maintained according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 09/02/10 at 9:26am revealed that an electrical panel in the basement boiler room had a missing cover plate. The electrical panel had live wiring exposed. Live wiring must be protected with approved covers to prevent the risk of electrical shock. The observation was confirmed with the Maintenance Director.</p> <p>Interview on 09/02/10 at 9:26am, with the Maintenance Director, revealed he agreed that the electrical panel needs to have the proper cover placed on it.</p> <p>Reference: NFPA 70 (1999 edition) 370.28(c) Covers.</p> <p>All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension from the cover of an exposed box shall comply with Section 370-22, Exception.</p>	K 147	<p><b>K 147 NFPA 101 Life Safety Code Standard</b> (Electrical wiring and equipment is in accordance with NFPA 70, Nation Electrical Code 9.1.2)</p> <ol style="list-style-type: none"> <li>1. No specific Resident identified</li> <li>2. All residents have the potential to be affected</li> <li>3. Facility has replaced electrical cover plate located in basement boiler room.</li> <li>4. Facility Maintenance Director or designee will assure cover plate is in place and no wires are exposed by checking boiler room monthly.</li> </ol> <p>Completion Date: 10-01-10.</p>	

