

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435068	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01,02,03 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - WATERTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 415 FOURTH AVE NE WATERTOWN, SD 57201
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K 000	INITIAL COMMENTS Stories: 1 Construction type: Type V(111) Constructed: 1966, 1992 addition, 1993 addition K0180: Fully Sprinkled Certified Beds: 51 Capacity: 51 Census: 48	K 000	Preparation, submission and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. This covers K011, K018, K029, K046, K056, and K076.	
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire barriers as required. Findings include: On 5/21/14 fire doors separating the nursing home from a corridor that led to the adjacent area not conforming with provisions in the 2000 NFPA 101, Chapter 19 were equipped with hardware that was not fire exit hardware and improperly installed fire exit hardware. One leaf of the double doors was equipped with slide bolts. Slide bolts are not fire exit hardware as required. The second leaf had fire exit hardware that was installed to latch against the edge of the adjacent	K 011	K011 1. Maintenance Director contacted 6/30/14 Gray Construction for a proposal on 5/23/14. 2. All residents have the potential to be affected by this process. 3. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Received a bid for door replacement on 5/28/14. New doors to be installed will be fire rated with properly installed fire exit hardware by contractor. 4. One time audit to be completed by Maintenance Director or	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marie Phillem Administrator</i>	TITLE <i>6-5-14</i>	(X6) DATE
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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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OMB NO. 0938-0391

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K 011	Continued From page 1 panel. This installation did not conform to manufacturer installation requirements as required. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to provide fire barriers as required increases the risk of death or injury due to fire. The deficiency affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101 Section 19.1.1.4.2, 8.2.3.2.3.1, 8.2.3.2.1, 1999 NFPA 80 Section 2-4.4.1, 2-5	K 011	designee after completion of installation by contractor. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or designee for further review or recommendations. K018 1. Maintenance Director nailed all plastic door protection material down to the door on all resident doors eliminating impediment beginning on 5/23/14 and finishing on 5/24/14.	6/30/14
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	2. All residents have the potential to be affected by this process. 3. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Door checks monitoring for impediment will be done by maintenance director during the monthly preventative maintenance plan in the company provided building engines program. 4. Audits will be done by Maintenance Director or designee on all resident doors to check for impediment weekly x4 weeks, then	

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K 018	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain corridor doors as required.</p> <p>Findings include:</p> <p>On 5/21/14, the corridor door to room 31 was impeded from closing by plastic door protection materials that had come loose. The corridor doors are a part of a smoke resistant barrier that is a required feature for compliance with the Life Safety Code. As such they are required to be maintained so that they close without impediment.</p> <p>The Director of Maintenance acknowledged the finding when the deficiency was identified.</p> <p>Failure to maintain corridor doors as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected one of numerous doors in the facility.</p> <p>Ref: 2000 NFPA 101 Section 19.3.6.3, 4.6.12.1</p> <p>K 029 NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or</p>	K 018	<p>monthly x2 months. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or designee for further review or recommendations.</p> <p>K029</p> <ol style="list-style-type: none"> 1. Maintenance Director removed all items from area located in front of fire doors that led to a corridor in another building on 6/2/14. 2. All residents have the potential to be affected by this process. 3. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Sign was hung on doors leading to corridor in another building stating "DO NOT Store Items in Front of Doors Due to Fire Hazard" on 6/5/14. 4. Audits will be done by maintenance director or designee on area noted during deficiency for item storage weekly x4 weeks, then monthly x2 months. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or <p>6/30/14</p>

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K 029	Continued From page 3 field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to hazardous areas as required. Findings include: On 5/21/14 a bed, folding chairs, tables and a wheel chair were stored in area not separated by smoke resistant partitions from the corridor. This 80 square feet in area was located in front of fire doors that led to a corridor in another building. Storage areas greater than 50 square feet in area are considered hazardous areas and are required to be separated from all other spaces by smoke resisting partitions and doors where sprinklers are present. Sprinklers were present. The Director of Maintenance acknowledged the finding when the deficiency was identified. Failure to maintain hazardous areas as required increases the risk of death or injury due to fire. The deficiency affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.2.1(7) NFPA 101 LIFE SAFETY CODE STANDARD	K 029	designee for further review or recommendations. K046 1. Maintenance Director contacted Industrial Services on 5/22/14 for proposed completion of noted deficiencies. 2. All residents have the potential to be affected by this process. 3. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Parts were ordered for the remote common audible alarm and the remote manual stop on 6/2/14 and will be installed by Industrial Services once parts arrive. 4. One time audit to be completed by Maintenance Director or designee after completion of installation by contractor. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or designee for further review or recommendations.	6/30/14
K 046 SS=D	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046	K056 1. Maintenance Director contacted Western States Fire Protection for	6/30/14

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K 046	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting as required.</p> <p>Findings include:</p> <p>On 5/21/14 the generator providing power for emergency lighting did not have a remote manual stop outside of the room housing the prime mover (diesel motor) or elsewhere on the premises where the prime mover located outside of the building as required.</p> <p>Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 3-5.5.6</p> <p>On 5/21/14 the generator providing power for emergency lighting system did not have a remote, common audible alarm located outside of the EPS service room at a work site readily observable by personnel as required. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 3-5.6.1</p> <p>The Director of Maintenance acknowledged the finding when the deficiency was identified.</p> <p>Failure to provide emergency lighting as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected two of numerous requirements of the emergency lighting system.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD SS=E if there is an automatic sprinkler system, it is</p>	K 046	<p>instructions needed to be in compliance with deficiency noted during survey on 5/22/14.</p> <ol style="list-style-type: none"> All residents have the potential to be affected by this process. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Maintenance Director installed the correct item for the automatic fire sprinkler inspectors test connection as required on 5/22/14. One time audit to be completed by Maintenance Director or designee on the automatic fire sprinkler inspectors test connection. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or designee for further review or recommendations. <p>K076</p> <ol style="list-style-type: none"> Maintenance Director removed a 6/30/14 shelving unit and replaced it with a smaller shelving unit so items on shelving unit are stored beyond the 5 feet requirement between oxygen 	
K 056		K 056		

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K 056	<p>Continued From page 5</p> <p>installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide an automatic sprinkler system as required.</p> <p>Findings include:</p> <p>On 5/21/14 the automatic fire sprinkler inspectors test connection serving the 1966 and 1992 section of the building did not terminate in a smooth bore corrosion resistant orifice giving a flow equivalent to one sprinkler of a type having the smallest orifice installed on the particular system as required. The inspector test connection terminated in a 1 inch pipe. This was larger than the smallest sprinkler orifice observed in the building.</p> <p>The Director of Maintenance acknowledged the finding when the deficiency was identified.</p> <p>Failure to provide an automatic fire sprinkler system as required increases the risk of death or injury due to fire.</p>	K 056	<p>and combustibles on 5/25/14.</p> <ol style="list-style-type: none"> 2. All residents have the potential to be affected by this process. 3. Verbal education provided by ED to staff on 6/4/14 regarding the deficiencies found during survey process. Maintenance Director put yellow floor tape on the floor with red lettering stating 'oxygen only' outlining the area around the oxygen to alert others of maintain the 5 foot perimeter between oxygen and combustibles as required on 5/26/14. 4. Audits will be done by maintenance director or designee on area noted during deficiency for item storage weekly x4 weeks, then monthly x2 months. Audit results will be taken to Quality Assurance Process Improvement committee by Maintenance Director or designee for further review or recommendations.

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K 076	<p>Continued From page 7</p> <p>Failure to store oxygen as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected 1 of 3 smoke compartments.</p> <p>Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 Section 16-3.8.1, 8-3.1.11.2(c)2</p>	K 076	