

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155716	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2012
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 601 N BOEKE RD EVANSVILLE, IN 47711
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(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
K0000	<p>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).</p> <p>Survey Date: 03/28/12</p> <p>Facility Number: 000439 Provider Number: 155716 AIM Number: 100275070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Home Inc. was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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 two separate basements was</p>	K0000	By submitting the enclosed material, we are not admitting the truth or accuracy of any specific finding or allegation. We reserve the right to contest the finding or allegation as part of any proceedings and submit this response pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective April 10, 2012 to the state findings of the Life Safety Code Survey conducted on March 28, 2012.	

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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	<p>determined to be of Type II (222) construction for the original portion of the facility and Type V (111) construction for the remainder of the facility. The facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, both basements, and all resident rooms. The facility has a capacity of 212 and had a census of 193 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/29/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0062 SS=B	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 3 of over 1000 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any number of staff and visitors while in the vicinity of the Pathways I entrance area.</p> <p>Findings include:</p> <p>Based on observation on 03/28/12 at 11:00 a.m. during a tour of the facility with the Director of Environmental Services, the three sprinkler heads under the Pathways I entrance overhang were covered with</p>	K0062	<p>Sprinkler contractor has been contacted 3/28/12. Replacement sprinkler heads have been ordered with an estimated delivery/installation date of 4/23/12. These are "exterior" heads on the side of a brick building. All future sprinkler inspections and testing will include ALL EXTERIOR heads, along with the over 1,000 interior sprinkler heads. All sprinkler systems are tested QUARTERLY as per ISDH and NFPA regulations. Documentation of "exterior" heads inspections will now be included on the quarterly report. Maintenance staff will document inspections and attach documentation to quarterly invoices. All repairs and replacement heads will be installed by 4/27/12 and documentation of work completion sent to ISDH "Life Safety" for review. A copy of the work order for exterior heads inspection has been uploaded.</p>	04/27/2012			

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	<p>corrosion. This was acknowledged by the Director of Environmental Services at the time of observation.</p> <p>3.1-19(b)</p>			