

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155282	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2011
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO	STREET ADDRESS, CITY, STATE, ZIP CODE 2515 NEWTON ST JASPER, IN47547
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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: 11/10/11</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Society Northwood Retirement Community was found not in 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), and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was</p>	K0000	<p>Credible Allegation of Compliance and Correction:Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of corrections constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.</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 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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K0144 SS=F	<p>determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 107 and had a census of 104 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/15/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and</p>	K0144	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:All residents have the potential to be affected. The facility will have an emergency remote manual stop installed on the generator by 12/10/11.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:All residents have the potential to be</p>	12/10/2011

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	<p>Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/10/11 between 10:45 a.m. and 12:15 p.m. during a tour of the facility with the Director of Maintenance, a remote shut off device for the generator was not found. Based on interview at 12:20 p.m. on 11/10/11, the Director of Maintenance indicated the generator was over 100 horsepower and installed around</p>		<p>affected. The facility will have an emergency remote manual stop installed on the generator by 12/10/11. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The facility will have an emergency remote manual stop installed on the generator by 12/10/11. With the regularly monthly generator checks, the maintenance dept. will also ensure remote manual stop is correctly working. How the corrective action will be monitored to ensure the deficient practice will not recur: The Maintenance director will report to the Administrator and to the QA committee in December 2011 meeting to report compliance with installation of the remote manual stop for the generator. With the regularly monthly generator checks, the maintenance dept. will also ensure remote manual stop is correctly working. The QA committee will make further recommendations and/or audits if not 100% compliant.</p>				

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K0000	<p>2006, and further indicated there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p> <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: 11/10/11</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Society Northwood Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of</p>	K0000	Credible Allegation of Compliance and Correction:Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of corrections constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.		

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K0144 SS=F	<p>the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The 2008 addition consisting of the new dining room was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the new dining room, corridor, and all adjacent rooms. The facility has a capacity of 107 and had a census of 104 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3</p>	K0144	What corrective action will be accomplished for those residents found to have been affected by the deficient practice:All residents have the potential to be affected. The facility will have an	12/10/2011

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	<p>requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/10/11 between 10:45 a.m. and 12:15 p.m. during a tour of the facility with the Director of Maintenance, a remote shut off</p>		<p>emergency remote manual stop installed on the generator by 12/10/11. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All residents have the potential to be affected. The facility will have an emergency remote manual stop installed on the generator by 12/10/11. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The facility will have an emergency remote manual stop installed on the generator by 12/10/11. With the regularly monthly generator checks, the maintenance dept. will also ensure remote manual stop is correctly working. How the corrective action will be monitored to ensure the deficient practice will not recur: The Maintenance director will report to the Administrator and to the QA committee in December 2011 meeting to report compliance with installation of the remote manual stop for the generator. With the regularly monthly generator checks, the maintenance dept. will also ensure remote manual stop is correctly working. The QA committee will make further recommendations and/or audits if not 100% compliant.</p>		

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	<p>device for the generator was not found. Based on interview at 12:20 p.m. on 11/10/11, the Director of Maintenance indicated the generator was over 100 horsepower and installed around 2006, and further indicated there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p>				