

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 03/29/2016
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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, IN 47547
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K 0000 Bldg. 01	<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: 03/29/16</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</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 determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 107</p>	K 0000	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 correction constitutes the facilities allegation of compliance in accordance with 7305 of the State Operations Manual.	
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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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K 0062 SS=F Bldg. 01	<p>and had a census of 103 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except a detached garage used for facility storage.</p> <p>Quality Review completed on 03/31/16 - DA</p> <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 record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 3 of 3 automatic sprinkler piping system that was internally inspected as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures</p>	K 0062	<p>Full evaluation to be conducted by Advantage Fire & Safety Inc., in accordance to the NFPA standards, NFPA-13 and NFPA-25. Evaluation to include that the systems will undergo a visual inspection of design layout and sprinkler plans and will develop a plan for flushing based on the findings of the inspection. This evaluation to be done by April 15, 2016. All residents have the potential to be affected by this situation. Full evaluation to be conducted by Advantage Fire & Safety Inc., no later than April 15th, 2016, and then annually thereafter. Reports of the evaluation and the need and lack of need for flushing</p>	04/15/2016			

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K 0144 SS=C Bldg. 01	<p>that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of sprinkler system inspection reports on 03/29/16 at 9:40 a.m. with the Maintenance Director present, the Armor Internal Pipe Inspection dated 06/13/14 stated "Armor Fire Protection LLC has completed the five year internal inspection on your sprinkler system per NFPA 25. During the inspection we collected more than a cup of debris and scale that is large enough to clog a sprinkler head. This was discovered in all three systems. According to NFPA 25, all your systems are in need of full hydrostatic flushing to remove scale and debris." The Maintenance Director said the facility has quotes from vendors but the flush has not been performed yet.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110.</p>		of the system will be reported to the Safety Committee at the next scheduled meeting, and then annually thereafter.		

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	<p>3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Monthly Generator Checklist on 03/29/16 at 10:30 a.m. with the Maintenance Director present, the generator log form documented the generator was tested</p>	K 0144	<p>Generator testing was conducted on 4/6/16 and the log was documented to reflect the mandatory requirements, including the cool down time following the load test, and the generator transfer time following the load test.</p> <p>All residents have the potential to be affected by this issue.</p> <p>New form developed 3/29/16 for Maintenance Director or his designee to document the findings of the generator testing to include the mandatory requirements including the cool down time following the load test, and the generator transfer time following the load test.</p> <p>Form to be completed by the Maintenance Director or his designee weekly and results of the tests will be recorded in the TELS system and communicated to the Safety Committee each month.</p>	04/06/2016	

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K 0000 Bldg. 03	<p>weekly for over 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an interview at the time of record review, the Maintenance Director confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.</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: 03/29/16</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</p> <p>At this Life Safety Code survey, Good Samaritan Society Northwood Retirement Community was found not in compliance with Requirements for</p>	K 0000	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 correction constitutes the facilities allegation	

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K 0062 SS=F Bldg. 03	<p>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 2008 addition consisted of the new dining room, the 2014 addition consisted of the Physical Therapy room, and the 2014 newly renovated Post Acute Rehab unit were 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 hard wired smoke detectors in the new dining room, new Physical Therapy room, corridors, open areas, and all resident sleeping rooms. The facility has a capacity of 107 and had a census of 103 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except a detached garage used for facility storage.</p> <p>Quality Review completed on 03/31/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating</p>		of compliance in accordance with 7305 of the State Operations Manual.				

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	<p>condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 3 of 3 automatic sprinkler piping system that was internally inspected as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of sprinkler system inspection reports on 03/29/16 at 9:40 a.m. with the Maintenance Director present, the Armor Internal Pipe Inspection dated 06/13/14 stated "Armor Fire Protection LLC has completed the five year internal inspection on your</p>	K 0062	<p>Full evaluation to be conducted by Advantage Fire & Safety Inc., in accordance to the NFPA standards, NFPA-13 and NFPA-25. Evaluation to include that the systems will undergo a visual inspection of design layout and sprinkler plans and will develop a plan for flushing based on the findings of the inspection. This evaluation to be done by April 15, 2016. All residents have the potential to be affected by this situation. Full evaluation to be conducted by Advantage Fire & Safety Inc., no later than April 15th, 2016, and then annually thereafter. Reports of the evaluation and the need and lack of need for flushing of the system will be reported to the Safety Committee at the next scheduled meeting, and then annually thereafter.</p>	04/15/2016

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K 0144 SS=C Bldg. 03	<p>sprinkler system per NFPA 25. During the inspection we collected more than a cup of debris and scale that is large enough to clog a sprinkler head. This was discovered in all three systems. According to NFPA 25, all your systems are in need of full hydrostatic flushing to remove scale and debris." The Maintenance Director said the facility has quotes from vendors but the flush has not been performed yet.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on</p>	K 0144	<p>Generator testing was conducted on 4/6/16 and the log was documented to reflect the mandatory requirements, including the cool down time following the load test, and the generator transfer time following the load test.</p> <p>All residents have the potential to be affected by this issue.</p> <p>New form developed 3/29/16 for Maintenance Director or his designee to document the findings of the generator testing to include the mandatory requirements including the cool down time following the</p>	04/06/2016

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	<p>Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Monthly Generator Checklist on 03/29/16 at 10:30 a.m. with the Maintenance Director present, the generator log form documented the generator was tested weekly for over 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an interview at the time of record review, the Maintenance Director confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.</p> <p>3.1-19(b)</p>		<p>load test, and the generator transfer time following the load test.</p> <p>Form to be completed by the Maintenance Director or his designee weekly and results of the tests will be recorded in the TELS system and communicated to the Safety Committee each month.</p>	