

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/14/2014
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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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K010000	<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: 01/14/14</p> <p>Facility Number: 000327 Provider Number: 155561 AIM Number: 100273920</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Home &amp; Rehabilitative Center 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with two separate basements 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</p>	K010000	<p>The creation and submission of the Plan Of Correction does not constitute and admission by this provider of a conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan Of Correction be considered the letter of credible allegation and request a desk review on or February 13, 2014</p>	
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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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	<p>on both levels including the corridors and in spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 110 and had a census of 80 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached garage used as a maintenance shop and maintenance storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers provided at least a 30 minute fire resistance rating. LSC 8.3.2 requires smoke barriers to extend from an outside wall to an outside wall. This deficient practice could affect up to 21 residents, as well as staff and visitors in the center east corridor of the facility which also included the Physical Therapy room.</p> <p>Findings include:</p> <p>Based on observation on 01/14/14 at 10:55 a.m. during a tour of the facility with Maintenance Supervisor, the sprinkler riser closet was not provided with a ceiling smoke barrier with at least a 30 minute fire resistance rating. There were three openings through the ceiling into the attic around sprinkler pipes and conduits ranging in size from one inch</p>	K010025	<p>It is the intent of the community to ensure that all smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3What corrective action will be accomplished for those residents found to have been affected by the deficient practice?A Gypsum compound that meets the Life Safety Code Standards was applied into the openings found in the sprinkler riser room closet. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.All residents have the potential to be affected.A Gypsum compound that meets the Life Safety Code Standards will be applied into the opening. All ceiling smoke barriers will be inspected by the maintenance director to ensure no openings are present. This corrective action will ensure that all areas are in compliance</p>	02/13/2014			

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K010062 SS=B	to six inches. The Maintenance Supervisor acknowledged the lack of fire stop material around each ceiling penetration within the sprinkler riser room at the time of observation.  3.1-19(b)  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 Based on observation and interview, the facility failed to ensure only one type of	K010062	regarding smoke barriers..What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?A mandatory in-service will be provided for the management team members regarding the Smoke Barriers. All smoke barriers will be inspected while construction projects are taking place to ensure the proper Smoke barriers are in place to ensure the construction project meets Life Safety Code Standards.How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;The maintenance director/designee is responsible for the completion of the Smoke Barrier inspection CQI tool weekly times 4 weeks, monthly times 4 and then quarterly for at least 6 months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved and action plan will be developed to ensure compliance.  It is the intent of this community to ensure that an automatic sprinkler system is continuously	02/13/2014	

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	<p>sprinkler head, i.e., quick response or standard sprinklers were installed in a compartmented space in 1 of 8 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect up to 24 residents, as well as staff and visitors in the Station 1 back hall dining room.</p> <p>Findings include:</p> <p>Based on observation on 01/14/14 at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, the Station 1 back hall dining room had four quick response sprinkler heads and four standard response sprinkler heads mixed together in one compartmented space. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>maintained in a reliable operation condition and are inspected and tested periodically. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? New sprinkler heads were ordered January 22, 2014 for the 4 in the Station 1 back hall dining room. These new sprinkler heads will be installed February 7, 2014 by qualified professionals to ensure proper installation to meet the requirements of Life Safety Code Standards. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents had the potential to be affected. New sprinkler heads were ordered January 22, 2014 for the 4 in the Station 1 back hall dining room. These new sprinkler heads will be installed February 7, 2014 by qualified professionals to ensure proper installation to meet the requirements of the Life Safety Code Standards. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A mandatory in-service will be conducted for the maintenance department of the building to ensure that Life Safety Code Standards pertaining to Sprinkler systems remains in compliance. How the corrective actions will be monitored to ensure the deficient</p>				

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			practice will not recur., what quality assurance program will be put into place., CQI tool. The maintenance/designee is responsible for the completion of the Sprinkler system inspection CQI tool weekly times 4 weeks, monthly times 4 and then quarterly for at least 6 months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved and action plan will be developed to ensure compliance.		