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 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
K 0000 Bldg. 01	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). Survey Date: 07/13/16 Facility Number: 000439 Provider Number: 155716 AIM Number: 100275070 At this Life Safety Code survey, Good Samaritan Home Inc. 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. This one story facility with two separate basements was 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, including the Pathways 1, Pathways 2, and Pavilion. The facility was fully sprinklered. The facility has a fire alarm system with hard wired smoke	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155716		07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
	detectors in the corridors, spaces open to the corridors, both basements, and all resident sleeping rooms. The facility has a capacity of 212 and had a census of 176 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached wood sheds used for facility storage and one plastic shed used for bio hazard waste. Quality Review completed on 07/14/16 - DA			
K 0021 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2 Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155716		07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
	Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. Based on observation and interview, the facility failed to ensure 1 of over 20 hazardous area room doors, such as a kitchen door was only held open by something which would allow the door to close upon activation of the fire alarm system. Sprinklered hazardous areas are required to be equipped with self-closing doors or with doors that close automatically upon activation of the fire alarm system. This deficient practice could affect up to 13 residents, as well as staff in the Pathways II portion of the facility. Findings include: Based on observation on 07/13/16 at 1:15 p.m. during a tour of the facility with the Director of Facility Operations, the left side door to the Pathways II kitchen was held wide open with a rubber door wedge which would not allow the door to close if the fire alarm system was activated. This was acknowledged by the Director of Facility Operations at the time of observation. 3.1-19(b)	K 0021	There were no residents found to be affected to date by the cited deficient practice. **[Exhibit A]** Vanguard contractor installed an AUTOMATIC DOOR CLOSER that is connected to the fire alarm system (7/20/16). Staff training was conducted on all shifts to educate team members of the importance of keeping doors in proper working condition and free from obstacles that might prevent them from closing automatically as required by fire code (7/29/16) **[Exhibits B, C, and D]** . Hallways will be audited by maintenance staff weekly x4 weeks x 6 months. Audit results will be reviewed by QAPI Committee to determine if further audits are needed after 180 days.	08/08/2016
K 0052	NFPA 101			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155716		07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
SS=E Bldg. 01	LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, Based on observation and interview, the facility failed to ensure 1 of 339 smoke detectors were not installed where air flow would adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect mostly staff while in the Dietary main hall. Findings include: Based on observation on 07/13/16 at 1:30 p.m. during a tour of the facility with the Director of Facility Operations, there was one ceiling mounted smoke detector within three inches of an air return vent in the Dietary main hall. This was acknowledged by the Director of Facility Operations at the time of observation. 3-1.19(b)	K 0052	There were no residents found to be affected to date by the cited deficient practice. Vanguard contractor was contacted and moved the existing smoke detector located in the dietary corridor to a distance greater than three (3) feet from any direct air supply or return (7/20/16). An inspection was conducted by maintenance staff of all units in locations with ceiling-mounted HVAC supply or returns to ensure that no additional smoke detectors were located closer than three (3) feet to air flow equipment (7/18/16). No further inspection is needed as this is a structural issue.	08/08/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155716		07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
K 0130 SS=E Bldg. 01	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, interview and record review; the facility failed to ensure the care and maintenance of 2 of 2 rolling fire doors were in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment or system which is required for compliance with the provisions of this Code, such device, equipment or system shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect over 50 residents, as well as staff and visitors while in main dining room and in the corridor outside the Pathways I kitchen. Findings include:	K 0130	There were no residents found to be affected to date by the cited deficient practice. Vanguard contractor was contacted and conducted fire safety testing on both of the existing automatic roll-down doors. Both doors functioned properly to assure that when the fire alarm system is activated they would close completely to assist in restriction of air flow to or from the affected areas (7/13/16). Overhead Door contractor was provided access to the facility and conducted testing on the automatic "roll-down" door in the Pathways I kitchen area. Some adjustments were made; all testing was satisfactory and allowed full closure (7/18/16). Maintenance staff will schedule annual testing by two (2) independent outside contractors to prevent any future possibilities of missing the inspections.	08/08/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	155716	A. BUILDING 01 / B. WING	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	601 N BOEKE RD EVANSVILLE, IN 47711

(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
	Based on record review on 07/13/16 between 10:15 a.m. and 12:15 p.m. with the Director of Facility Operations present, there was no record of an annual rolling fire door inspection for two kitchen rolling fire doors. Based on observations during a tour of the facility with the Director of Facility Operations between 12:15 p.m. and 2:00 p.m. the main kitchen rolling fire door did have an attached inspection tag, however, the markings on the tag was not legible. Furthermore, there was no inspection tag found on the metal rolling door between the Pathways I kitchen and adjoining corridor. The lack of an annual kitchen rolling fire door inspection for the two rolling fire doors was verified by the Director of Facility Operations at the time of each observation. 3.1-19(b)			