

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 03/25/2015
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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 000 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: 03/25/15</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 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), 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</p>	K 000	<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 corrections prepared and/or executed solely because it is required by the provisions of the 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 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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K 000 Bldg. 03	<p>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 and had a census of 100 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 by Dennis Austill, Life Safety Code Specialist on 03/31/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</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: 03/25/15</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</p>	K 000	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 corrections prepared and/or executed solely because it is required by the provisions of		

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	<p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Society Northwood Retirement Community 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), 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 100 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</p>		<p>the 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 facility's allegation of compliance in accordance with section 7305 of the State Operations Manual</p>				

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K 062 SS=B Bldg. 03	<p>sprinklered except a detached garage used for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/31/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 500 sprinkler heads in the facility were free of paint or like substance. 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. Any sprinkler shall be replaced that is painted. This deficient practice could affect any of the 11 residents, as well as staff and visitors in the Post Acute Rehab unit.</p> <p>Findings include:</p>	K 062	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; The identified sprinkler head was replaced on 4-9-15 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; Residents living on this unit were affected The sprinkler head was replaced on 4-9-15. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The maintenance dept was educated on ensuring no paint or other residue is on sprinkler heads Maintenance will inspect</p>	04/09/2015

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	Based on observation on 03/25/15 at 12:15 p.m. during a tour of the facility with the Maintenance Director, the sprinkler head in the Post Acute Rehab unit Soiled Utility room was covered with white joint compound. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)		sprinkler heads after remodeling projects to ensure sprinkler heads are free of paint or other residue How the corrective action will be monitored to ensure the deficient practice will not recur; Maintenance will do random audits monthly x6 to inspect sprinkler heads of the building Audit results will be reported to the QA committee monthly If not 100% compliant, the committee will ask for continued audits until 100% compliance is reached		