

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  01/20/2015
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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: 01/20/15</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 and Rehabilitative Center 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), 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 on both levels including the corridors and</p>	K010000		
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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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K010050 SS=C	<p>spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 103 and had a census of 73 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a detached garage used as a maintenance shop and maintenance storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/22/15.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview,</p>	K010050	It is the practice of this provider to	02/03/2015	

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	<p>the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 01/20/15 at 9:30 a.m. with the Maintenance Director present, the following was noted:</p> <ol style="list-style-type: none"> <li>Three of four first shift (day) fire drills were performed between 12:45 p.m. and 1:25 p.m.</li> <li>Three of four second shift (evening) fire drills were performed between 7:27 p.m. and 8:00 p.m.</li> </ol> <p>During an interview at the time of record review, the Maintenance Director acknowledged the times the first and second shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p>		<p>ensure that all alleged violations involving fire drills are in accordance with State and Federal law.</p> <p><b>1: What corrective action will be accomplished for those residents found to have been affected by the deficient practice</b></p> <ul style="list-style-type: none"> <li>Fire drills will be held at unexpected times under varying conditions, at least quarterly on each shift. Drills will be held at different times of the shift each quarter.</li> <li>Good Samaritan has already conducted January 8:30 am, and February 2:30 pm drills</li> </ul> <p><b>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</b></p> <ul style="list-style-type: none"> <li>All residents who reside in the facility have the potential to be affected by the alleged deficient practice.</li> <li>The Maintenance supervisor will conduct fire drills at staggered times throughout the year on each shift. The drills will be two hours after the drill on the previous quarter, following company Policy.</li> <li>The executive director will check off on a monthly tool that the drill was done at the correct time on the correct shift</li> </ul> <p><b>3: What measures will be put in place or what systemic changes will be made to ensure that the</b></p>	

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			<p><b>deficient practice does not occur?</b></p> <ul style="list-style-type: none"> <li>·The executive Director educated the maintenancesupervisor on 2/2/15 on the new staggered schedule in the company policy.</li> <li>·The Maintenance supervisor will conduct firedrills at staggered times throughout the year on each shift. The drills will be two hours after the drillon the previous quarter, following company Policy.</li> <li>·The executive director will check off on amonthly tool that the drill was done at the correct time on the correct shift</li> </ul> <p><b>4: How the corrective actions will be monitoredto ensure the deficient practice will not recure, i.e., what quality assuranceprogram will be put into place .</b></p> <ul style="list-style-type: none"> <li>·A CQI tool will be used to track the monthlydrills with the correct time and shift for each month predetermined based oncompany policy</li> <li>·The CQI tool will be reviewed monthly by the CQIcommittee for 12 months.</li> </ul> <p><b>5: Date of compliance.</b> 2/3/15</p>	