

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
K0000	<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: 05/30/12</p> <p>Facility Number: 000200 Provider Number: 155303 AIM Number: 100367980</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Good Samaritan Society Shakamak 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111)</p>	K0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detection. The facility has a capacity of 75 and had a census of 63 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/30/2012	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM				STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438			
(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			
K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 hazardous area room doors such as a kitchen service door was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect any of the 63 residents as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 05/30/12 at 10:20 a.m. during a tour of the facility with the Housekeeping Supervisor, the metal rolling door for the kitchen</p>	K0021	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center.</p> <p>Survey Event: ID ZOU521 Survey Date: 05/30/2012</p> <p>K021 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1.The kitchen service door will be updated to arrange for the door to automatically close upon activation of the fire alarm system.</p>	06/29/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/30/2012
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438		
(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	
	<p>service window was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system is actuated. This was acknowledged by the Housekeeping Supervisor at the time of observation, furthermore, kitchen staff person # 1 indicated the metal roller door did not close automatically with the fire alarm system, it would only close manually.</p> <p>3.1-19(b)</p>		<p>2. The Overhead Doors Company from Terre Haute will install the mechanism to assure that the rolling service door will automatically close upon activation of the fire alarm system. Vanguard Fire Alarm company will inspect the door on a quarterly basis for continued compliance. The maintenance Director will inspect the door monthly with each fire drill to assure compliance.</p> <p>Completion Date: June 29, 2012</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/30/2012
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438		
(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	
K0025 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 was maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect any of the 63 residents and staff while in the Physical Therapy area and any of the 11 residents and staff in the 100 Hall while in the south lounge.</p> <p>Findings include:</p> <p>Based on observations on 05/30/12 between 9:00 a.m. and 11:45 a.m. during a tour of the facility with the Housekeeping Supervisor, the sprinkler head in</p>	K0025	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center.</p> <p>Survey Event: ID ZOU521 Survey Date: 05/30/2012</p> <p>K025 NFPA 101 LIFE SAFETY CODE STANDARD</p> <ol style="list-style-type: none"> <li>1. The escutcheon was replaced in the 100 hall south lounge.</li> <li>2. The gap found above the electrical breaker box closet adjacent to the Physical Therapy Room was fire stopped with 3M Fire Barrier Water Tight</li> </ol>	06/29/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/30/2012
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438		
(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	
	<p>the closet in the 100 hall south lounge was missing the escutcheon which left a one inch gap around the sprinkler pipe into the attic above which was not fire stopped, furthermore, the electrical breaker box closet adjacent to the Physical Therapy room had a one inch gap between the electrical conduit through the ceiling and the wall which was not fire stopped. Based on interview, this was acknowledged by the Housekeeping Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>Sealant 1000NS</p> <p>3 All escutcheons' were inspected within the facility to ensure they were fire stopped ready.</p> <p>Completion Date: June 14, 2012</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 10 hazardous area room doors to rooms such as a room over 50 square feet containing a large amount of combustibile material or a kitchen would automatically close and latch into the door frame. This deficient practice could affect any of the 63 residents, as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on observations on 05/30/12 between 10:15 a.m. and 10:25 a.m. during a tour of the facility with Housekeeping Supervisor, the Activity room was</p>	K0029	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center. Survey Event: ID ZOU521 Survey Date: 05/30/2012 RE: K029 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1.The Activity Room was cleaned of all unnecessary paper, and plastic, the cardboard boxes were removed from the room, the popcorn popper will be unplugged at all times when not in use and the popcorn oil was removed in the activity room and moved to the kitchen for storage.</p> <p>2.A self closing devise will be put on the Activity Room door.</p> <p>3.The kitchen door will be changed to have a positive latch.</p>	06/29/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
	<p>over fifty square feet in size and was partially full of cardboard boxes, paper, plastic and a popcorn popper which used oil to cook. The door to this room was not provided with a self closing device. Furthermore, the kitchen door to the main part of the kitchen was not provided with a positive latch, only a deadbolt. This was acknowledged by the Housekeeping Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		Completion Date: June 29, 2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  05/30/2012	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM				STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438			
(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			
K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p>	K0051	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center.</p> <p>Survey Event: ID ZOU521 Survey Date: 05/30/2012</p> <p>K051 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1.A panel will be placed near</p>	06/29/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
	<p>Based on observations on 05/30/12 between 9:00 a.m. and 11:45 a.m. during a tour of the facility with the Housekeeping Supervisor, the fire alarm communication panel (dialer) was located in the west unit Electrical Room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 11:30 a.m., the DACT did illuminate a yellow trouble signal, plus actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at the Fire Alarm Control Panel (FACP) located in the west unit center lounge area near the nurses' station. The west unit Electrical Room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 11:40 a.m. on 05/30/12, the Housekeeping Supervisor acknowledged the phone line failure did not send a trouble signal to the FACP at the west unit lounge area nor could it</p>		<p>the west unit center lounge area near the nurses station that will signal when there is local audio trouble. The signal will be heard in the area of the nurse's station.</p> <p>2.All staff will in service to understand when the alarm sounds, it indicates that the phone system is down, and it is their responsibility to call 911 via cell phone.</p> <p>Completion Date: June 29, 2012</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
---	--

(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
	<p>be heard outside the west unit Electrical Room.</p> <p>3.1-19(b)</p>			