

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 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)
F 0000  Bldg. 00	<p>This was an offsite Licensure Investigation Survey.</p> <p>Survey Date: 12/13/22</p> <p>Facility: #00200 Provider: #155303 AIM Number: 100367980</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed December 13, 2022</p>		F 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.
F 9999  Bldg. 00	<p>16.2-3.1-2(h)(1) - Licenses</p> <p>(h) For the renewal of a license, the director may issue a full license for any period up to one (1) year, issue a probationary license, or deny a license application upon receipt and review of the following requirements:</p> <p>(1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license.</p> <p>This state rule was not met as evidenced by:</p>		F 9999	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not substantial

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Davis

HFA

12/14/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>Based on document review, the facility failed to ensure it had timely renewed their license to operate as a health care facility before their current license expired on 10/31/22.</p> <p>The state agency received the facility's renewal application and payment post marked 11/1/22, which was not at least 45 days of the current license expiration date of 10/31/22.</p>			<p>compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.</p> <p><b>F 9999 Facility License Renewal</b></p> <p><u>Element 1</u> On 10/31/2022 the discovery of the facility license renewal application from the Long Term Care, Indiana Department of Health had not been sent in timely, it was filled out, sent in with payment and overnighted to the appropriate section at the Indiana State Department of Health in which they received on 11/1/2022. The Business Office Manager was educated on delivery of all mail from the State Department of Health immediately and directly to the Administrator of the facility.</p> <p><u>Element 2</u> The Administrator of the facility along with the Health Information Manager will be responsible for tracking of when the application to renew the Facility's License should be forth coming in the mail starting at a 60-day window to the facility's current license expiration date. Upon the facility receiving the renewal application for the facility's license the cover letter</p>

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				<p>from the department of Health will be stamped as received and dated by the Administrator or the Health Information Manager. If the facility has not received the renewal application from the Indiana State Department of Health within the appropriate time frame the facility will pull the renewal application from the Indiana Department of Health's website, fill it out in the correct manner, with payment and send it to the Department of Health timely.</p> <p><b><u>Element 3</u></b> Systemic change will occur to ensure that the facility's license is kept in a current operating state. Upon the 60 day window of the facility's license date of expiration, the Administrator and/or Health Facility Information Manager will start monitoring 2 times weekly as to the renewal application being received, when becoming within 5 days of the 45 day time frame of the Department of Health requirement of receiving the license renewal application, the Administrator will ensure that the application and payment has been mailed to the Department of Health.</p> <p><b><u>Element 4</u></b> The Administrator or designee will conduct audits 2 times weekly starting at the 60-day window of</p>

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				<p>the facility's license expiring date, these audits will occur until the renewal application is received, fill out and the new license is returned from the Indiana State Department of Health, Long Term Care section. The Administrator or designee will present weekly updates and audits to the QAPI Committee and/or monthly during QAPI meetings until substantial compliance is sustained.</p> <p><u>Element 5</u> Date of Compliance: 12/14/2022</p>