	Γ OF HEALTH AND HU R MEDICARE & MEDIC						TED: 03/24/2023 RM APPROVED B NO. 0938-039
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ì í	ULTIPLE CO	ONSTRUCTION	(X3) DATE COMPL	
ANDIEM	or conduction	155282	B. WING			02/20/2023	
	PROVIDER OR SUPPLIE	R ETY NORTHWOOD RETIREMENT	со	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547	•	
(X4) ID PREFIX	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	(X5) COMPLETION
TAG E 0000	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
Bldg		paredness Survey was ndiana Department of Health in	E 00	000	K0000 Credible Allegation of		
	accordance with 42	2 CFR 483.73.			Compliance and Correction: Preparation and execution of response and plan of correction	on	
	Survey Date: 02/2 Facility Number:	000180			does not constitute an admiss or agreement by the provider truth of the facts alleged or		
	Provider Number: AIM Number: 100				conclusions set forth in the statement of deficiencies. Th plan of corrections prepared a		
	Samaritan Society	Preparedness survey, Good Northwood Retirement bund not in compliance with			executed solely because it is required by the provisions of the Federal and State law. For the		
	Emergency Prepar	edness Requirements for icaid Participating Providers			purposes of any allegation that facility is not in substantial compliance with Federal		

Develop EP Plan, Review and Update
Annually
§403.748(a), §416.54(a), §418.113(a),
§441.184(a), §460.84(a), §482.15(a),
§483.73(a), §483.475(a), §484.102(a),
§485.68(a), §485.625(a), §485.727(a),
§485.920(a), §486.360(a), §491.12(a),

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

The facility has 107 certified beds. At the time of

The requirement at 42 CFR, Subpart 483.73 is NOT

441.184(a), 482.15(a), 483.475(a), 483.73(a),

the survey, the census was 56.

MET as evidenced by:

491.12(a), 494.62(a)

E 0004

SS=C

Bldg. --

Quality Review completed on 02/27/23

403.748(a), 416.54(a), 418.113(a),

484.102(a), 485.625(a), 485.68(a), 485.727(a), 485.920(a), 486.360(a),

(X6) DATE

requirements of participation, this

constitutes the facility's allegation of compliance in accordance with

response and plan of correction

section 7305 of the State Operations Manual. Completed

TITLE

03/08/23

Edwin Onwukegwu Administrator 03/13/2023

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 155282		A. B	MULTIPLE CO UILDING  'ING	INSTRUCTION	(X3) DATE COMPI 02/20	LETED		
		ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E	(X5) COMPLETION DATE
		The [facility] must Federal, State and preparedness req must develop estate comprehensive er program that mee section. The emer program must include the following elem (a) Emergency Pladevelop and main preparedness planand updated at leamust do all of the * [For hospitals at §485.625(a):] Emergency Planust develop and main preparedness req CAH] must develop comprehensive er program that mee section, utilizing at * [For LTC Facilitie Emergency Planust develop and main preparedness planand updated at least * [For ESRD Facil Emergency Planust develop and main	an. The [facility] must tain an emergency in that must be [reviewed], ast every 2 years. The plan following:  §482.15 and CAHs at ergency Plan. The [hospital apply with all applicable ind local emergency uirements. The [hospital or op and maintain a mergency preparedness its the requirements of this in all-hazards approach.  Les at §483.73(a):]  The LTC facility must tain an emergency in that must be reviewed, ast annually.  Ities at §494.62(a):]  The ESRD facility must tain an emergency in that must be [evaluated], in that must be [evaluated], in that must be [evaluated],					

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIEI	TY NORTHWOOD RETIREMEN	т со	2515 N	ADDRESS, CITY, STATE, ZIP COD IEWTON ST IR, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	failed to develop ar preparedness plan to at least annually in 483.73(a). This deresidents in the facing include:  Based on review of between 9:15 a.m. and Maintenance Directors and the past twe date of review provinterview at the time Director said the Director said the Director and Maintenance Director and Maintenance Maintenance Director and Maintenance Maintenance Maintenance Director and	The Disaster Plan on 02/20/23 and 12:45 p.m. with the tor present, the facility did ney preparedness manual, been reviewed and updated live months. The most recent rided was 12/15/21. Based on the of review, the Maintenance isaster Plan has not been ted within the past twelve twiewed with the Maintenance enance Assistant #1 during the	E 00	004	E0004 Emergency Preparedness Plan, Reviewer and Updated Annually CFR 483.73a  It is the policy of the facility to maintain up to date Emergency Preparedness Plans in accordance with CFR 483.73 standards and requirements, a accept this facilities, credible allocation of compliance.  Corrective Action will include 1) Emergency Management Preparedness (Manual) was reviewed and updated on 03/02/23  2) Maintenance Director and designee will schedule annual reviews of the Emergency Preparedness Plans (Manual) with the next annual review scheduled to begin on 01/02/2 Assurance of On-Going Compliance  1) Facility administrator and maintenance director will ensur that emergency preparedness gets updated annually. Beginn 01/02/24  2) Audits will be conducted quarterly by the Maintenance Director or designee; all finding will be discussed in QAPI meet to assure compliance Beginni 06/02/23	ery and e: at ad or , 24 d ure ning gs string	03/08/2023
E 0006 SS=F Bldg	(1)-(2), 441.184(a	, 416.54(a)(1)-(2), 418.113(a) )(1)-(2), 482.15(a)(1)-(2), , 483.73(a)(1)-(2), 484.102(a)					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. B	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU  A. BUILDING COMPLET  B. WING 02/20/20				
	PROVIDER OR SUPPLIEI SAMARITAN SOCIE	R TY NORTHWOOD RETIREMEN	T CO	2515 NE	DDRESS, CITY, STATE, ZIPEWTON ST R, IN 47547	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	(1)-(2), 485.625(a) 485.727(a)(1)-(2), 486.360(a)(1)-(2), (1)-(2) Plan Based on All §403.748(a)(1)-(2) §418.113(a)(1)-(2) §483.73(a)(1)-(2) §484.102(a)(1)-(2) §485.625(a)(1)-(2) §485.920(a)(1)-(2) §491.12(a)(1)-(2), (1) Emergency P develop and main preparedness pla and updated at le must do the follow (1) Be based on a facility-based and assessment, utiliz approach.*  (2) Include strategemergency event assessment.  * [For Hospices at Plan. The Hospice maintain an emer that must be revise every 2 years. The following: (1) Be based on a facility-based and	)(1)-(2), 485.68(a)(1)-(2), 485.920(a)(1)-(2), 491.12(a)(1)-(2), 494.62(a) I Hazards Risk Assessment ), §416.54(a)(1)-(2), ), §441.184(a)(1)-(2), , §482.15(a)(1)-(2), , §483.475(a)(1)-(2), ), §485.68(a)(1)-(2), ), §485.727(a)(1)-(2), ), §486.360(a)(1)-(2), , §494.62(a)(1)-(2) Ian. The [facility] must Itain an emergency In that must be reviewed, ast every 2 years. The plan					

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(2) Include strategies for addressing

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	OF CORRECTION	IDENTIFICATION NUMBER  155282	A. BUILDING  B. WING	COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT (	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	assessment, inclu- the consequences disasters, and othe affect the hospice'	ding the management of of power failures, natural er emergencies that would s ability to provide care.			
	develop and maint preparedness plar and updated at lea do the following: (1) Be based on a facility-based and assessment, utilizi approach, includin (2) Include strateg	The LTC facility must tain an emergency on that must be reviewed, ast annually. The plan must and include a documented, community-based risk ng an all-hazards g missing residents.			
	Plan. The ICF/IID an emergency pre be reviewed, and of years. The plan m	483.475(a):] Emergency must develop and maintain paredness plan that must updated at least every 2 ust do the following:			
	facility-based and assessment, utilizi approach, includin (2) Include strateg	g missing clients.			
	Based on record rev failed to maintain a preparedness plan the includes a documen community-based ri all-hazards approach	iew and interview, the facility complete emergency nat was (1) based on and ted, facility-based and sk assessment, utilizing an in, including missing clients ategies for addressing	E 0006	E0006 AHRA – All Hazard Ris Assessment – EMP Drills CF 483.73 (a) (1)-(2) It is the policy of the facility to maintain up to date Emergency Preparedness Plans in accordance with CFR 483.73	R

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. B	UILDING /ING	ONSTRUCTION   ADDRESS, CITY, STATE, ZIP COD	(X3) DATE SURVEY COMPLETED 02/20/2023		
	PROVIDER OR SUPPLIEI SAMARITAN SOCIE	R TY NORTHWOOD RETIREMEN	T CO	2515 NEWTON ST			
(X4) ID PREFIX TAG	(EACH DEFICIENT REGULATORY OF THE PROPERTY OF	The Disaster Plan on 02/20/23 and 12:45 p.m. with the tor present, facility-based and isk hazards were addressed in there was no facility-based and isk assessment utilizing an havailable. Based on the of record review, the tor said he knows the facility and for the Disaster Plan but it		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)  standards and requirements, a accept this facilities, credible allocation of compliance.  Corrective Action will include 1) The facility AHRA (All Hazard Risk Assessment) was updated on 0/03/2023  2) The administrator update the Emergency Preparedness Plan (manual) to include any combination of (2) Community Base Drills or (2) two Facility Based Drills and (1) one Table exercise and training annually Completed on 03/03/2023  3) The administrator, Maintenance Director and or designee will conduct drills throughout the year beginning 03/03/2023  Assurance of On-Going Compliance:  1) Audits will be conducted quarterly by the Maintenance Director or designee, all finding will be reviewed and discussed QAPI meetings to assure compliance.	and e: sed	(X5) COMPLETION DATE
E 0009 SS=F Bldg	441.184(a)(4), 48 483.73(a)(4), 484 485.68(a)(4), 485 486.360(a)(4), 49 Local, State, Triba §403.748(a)(4), § §441.184(a)(4), § §483.73(a)(4), §4	6.54(a)(4), 418.113(a)(4), 2.15(a)(4), 483.475(a)(4), .102(a)(4), 485.625(a)(4), .727(a)(5), 485.920(a)(4), 1.12(a)(4), 494.62(a)(4) al Collaboration Process 416.54(a)(4), §418.113(a)(4), 460.84(a)(4), §482.15(a)(4), 83.475(a)(4), §484.102(a)(4), 85.625(a)(4), §485.727(a)(5),					

§485.920(a)(4), §486.360(a)(4), §491.12(a)(4),

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. B	A. BUILDING			3) DATE SURVEY COMPLETED 02/20/2023	
	OF PROVIDER OR SUPPLIED O SAMARITAN SOCIE	TY NORTHWOOD RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST T CO JASPER, IN 47547					
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY O	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		TE	(X5) COMPLETION DATE	
	develop and main preparedness pla and updated at le for LTC facilities]. following:]  (4) Include a process collaboration with and Federal emerofficials' efforts to response during a situation. *  * [For ESRD facility (4) Include a process during a situation with and Federal emerofficials' efforts to response during a situation. The dial the local emerger least annually to a aware of the dialy event of an emerofficials and an emerofficial to ensure the included a process collaboration with Federal emergency to maintain an integration.	lan. The [facility] must atain an emergency in that must be reviewed, ast every 2 years [annually The plan must do the less for cooperation and local, tribal, regional, State, regency preparedness maintain an integrated a disaster or emergency less for cooperation and local, tribal, regional, State, regency preparedness maintain an integrated a disaster or emergency less for cooperation and local, tribal, regional, State, regency preparedness maintain an integrated a disaster or emergency less facility must contact recompress agency at confirm that the agency is less facility's needs in the gency. View and interview, the facility emergency preparedness plan for cooperation and local, tribal, regional, State, or preparedness officials' efforts grated response during a locy situation, including	ΕO	009	E0009 Local, State, Tribal Collaboration Process CFR 483.73 (a) (4) It is the policy of the facility to maintain up to date Emergence Preparedness Plans in accordance with CFR 483.73	÷y	03/08/2023	
	documentation of the contact such official participation in colliplanning efforts in	the LTC facility's efforts to als and, when applicable, of its laborative and cooperative accordance with 42 CFR deficient practice could affect all			standards and requirements, a accept this facilities, credible allocation of compliance.  Corrective Action will include 1) The facility updated the emergency preparedness to			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282  NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMEN		X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING  STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST			LETED		
GOODS	AMARITAN SOCIE	TY NORTHWOOD RETIREMEN	1 00	JASPE	R, IN 47547		_
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.TE	(X5) COMPLETION DATE
	Findings include:  Based on review of between 9:15 a.m. a Maintenance Direct was available which cooperation and col regional, State, or F preparedness official integrated response emergency situation time of review, the acknowledged there collaboration proce available.  This finding was re	the Disaster Plan on 02/20/23 and 12:45 p.m. with the for present, no documentation in included a process for laboration with local, tribal,			include documentation that wi include cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness office efforts to maintain an integrate response during a disaster or emergency situation On 03/02 2) Facility administrator an maintenance director will ensuthat emergency preparedness gets updated annually to incorporate documentation to reflect corporation and collaboration of facility with external emergency prepared official which will help integrat quick response during a disast Beginning 01/02/24  Assurance of On-Going Compliance: Audits will be conducted quart by the Maintenance Director of designee, all findings will be reviewed and discussed in QA meetings to assure compliance.	cial's ed 2/23 d ure iness e terly or	
E 0013 SS=C Bldg	484.102(b), 485.6 485.727(b), 485.9 491.12(b), 494.62 Development of E §403.748(b), §416 §441.184(b), §460 §483.73(b), §483. §485.68(b), §485.	5(b), 483.475(b), 483.73(b), 25(b), 485.68(b), 20(b), 486.360(b),					

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	ENT OF DEFICIENCIES  N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282		UILDING	NSTRUCTION	(X3) DATE COMPI 02/20	
	F PROVIDER OR SUPPLIEF SAMARITAN SOCIE	TY NORTHWOOD RETIREMENT	co	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
	develop and imple preparedness police on the emergency (a) of this section, paragraph (a)(1) of communication placetion. The police be reviewed and uppears.	rocedures. [Facilities] must ement emergency cicies and procedures, based plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this sies and procedures must updated at least every 2 at §483.73(b):] Policies					
	and procedures. In develop and imple preparedness police on the emergency (a) of this section, paragraph (a)(1) of communication placetion. The police be reviewed and the development of the police of the procedure of the police of the polic	The LTC facility must ement emergency dicies and procedures, based or plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this sies and procedures must applicated at least annually.					
	*[For PACE at §46 procedures. The develop and imple preparedness polion the emergency (a) of this section, paragraph (a)(1) of communication placetion. The policial address manager nonmedical emerglimited to: Fire; equal to the failure; care-related disasters likely to	rements for PACE and  60.84(b):] Policies and PACE organization must ement emergency dicies and procedures, based or plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this dies and procedures must ment of medical and gencies, including, but not juipment, power, or water and emergencies; and natural threaten the health or cipants, staff, or the public.					

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OM	IB NO. 0938-039
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282		l í	JILDING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	СО	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE.	(X5) COMPLETION DATE
PREFIX	(EACH DEFICIEN REGULATORY OR The policies and previewed and upd *[For ESRD Facilia and procedures. develop and imple preparedness policion the emergency (a) of this section, paragraph (a)(1) of communication plasection. The policibe reviewed and users. These emenot limited to, fire, failures, care-relat supply interruption likely to occur in the area.  Based on record reversible failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b). The all residents in the firm of the failed to develop and preparedness policies and procedupdated at least and CFR 483.73(b).	cy MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION procedures must be ated at least every 2 years.  ties at §494.62(b):] Policies The dialysis facility must ment emergency cies and procedures, based plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this cies and procedures must updated at least every 2 rgencies include, but are equipment or power ed emergencies, water a, and natural disasters he facility's geographic  riew and interview, the facility d implement emergency es and procedures. The ures must be reviewed and ually in accordance with 42 is deficient practice could affect	E 0	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	R cy and le: lity	COMPLETION
	most recent twelve recent date of revie Based on interview	month period. The most w provided was 12/15/21. at the time of review, the or said the Disaster Plan's			maintenance director will ensit that facility policy and procedu for emergency preparedness updated annually. <b>Beginning</b>	ure ure is	

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policies and procedures has not been reviewed

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282			UILDING		COMPL 02/20/	ETED	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	г со	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	This finding was rev	the past twelve months.  viewed with the Maintenance enance Assistant #1 during the			Assurance of On-Going Compliance  1) Audits will be conducted quarterly by the Maintenance Director or designee, all finding will be reviewed and discussed QAPI meetings to assure compliance.		
E 0018 SS=C Bldg	and (v), 441.184(b 483.475(b)(2), 483 485.920(b)(1), 486 Procedures for Tra §403.748(b)(2), §4 (ii) and (v), §441.1 §482.15(b)(2), §48	3.73(b)(2), 485.625(b)(2), 6.360(b)(1), 494.62(b)(1) acking of Staff and Patients 416.54(b)(1), §418.113(b)(6) 84(b)(2), §460.84(b)(2), 33.73(b)(2), §483.475(b)(2), 485.920(b)(1), §486.360(b)					
	must develop and preparedness poli on the emergency (a) of this section, paragraph (a)(1) ocommunication plasection. The polici reviewed and update [annually for LTC]	implement emergency cies and procedures, based plan set forth in paragraph risk assessment at if this section, and the an at paragraph (c) of this es and procedures must be ated at least every 2 years facilities]. At a minimum, rocedures must address					
	on-duty staff and s [facility's] care dur on-duty staff and s	m to track the location of sheltered patients in the ing an emergency. If sheltered patients are ne emergency, the [facility]					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		l í	UILDING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/20/2023		
	PROVIDER OR SUPPLIE	R ETY NORTHWOOD RETIREMEN	т со	2515 N	ADDRESS, CITY, STATE, ZIP CO EWTON ST R, IN 47547	)D	
(X4) ID PREFIX TAG	must document the location of the recolocation.  *[For PRTFs at §483.73(b), ICF/I §460.84(b):] Police system to track the and sheltered resulter ICF/IID or PACE] emergency. If on residents are relocemergency, the [I PACE] must document to the pace of the pace of the residents are relocemergency, the [I PACE] must document to the resident to the pace of the pace of the resident to the pace of the pac	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION The specific name and ceiving facility or other  441.184(b), LTC at IDs at §483.475(b), PACE at cies and procedures. (2) A cies and procedures. (2) A cies and procedures in the [PRTF's, LTC, care during and after an industry staff and sheltered coated during the PRTF's, LTC, ICF/IID or ument the specific name is receiving facility or other		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	Policies and proc (ii) Safe evacuation includes consider needs of evacues transportation; ideal location(s) and prof communication assistance. (v) A system to transported to the hospice's care the on-duty employees' on-duty employees must document and location of the location.  *[For CMHCs at § procedures. (2) SCMHC, which incomed includes and treatment needs of evacuation of the location.	pospice at §418.113(b)(6):] redures. In from the hospice, which ration of care and treatment res; staff responsibilities; rentification of evacuation rimary and alternate means in with external sources of rack the location of hospice raty and sheltered patients in reduring an emergency. If responsible to a sheltered patients in reduring an emergency, the receiving facility or other receiving facility or other receiving facility or other reduces consideration of care reds of evacuees; staff ransportation; identification					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 02/20/2023 155282 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2515 NEWTON ST GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO JASPER. IN 47547 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE of evacuation location(s); and primary and alternate means of communication with external sources of assistance. \*[For OPOs at § 486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records. \*[For ESRD at § 494.62(b):] Policies and procedures. (2) Safe evacuation from the dialysis facility, which includes staff responsibilities, and needs of the patients. E 0018 Based on record review and interview, the facility **E0018 Procedure for Tracking** 03/08/2023 failed to ensure emergency preparedness policies of Staff and Patients CFR and procedures include a system to track the 483.73 (b) (2) location of on-duty staff and sheltered residents It is the policy of the facility to in the LTC facility's care during and after an maintain up to date Emergency emergency. If on-duty staff and sheltered Preparedness Plans in residents are relocated during the emergency, the accordance with CFR 483.73 LTC facility must document the specific name and standards and requirements, and location of the receiving facility or other location accept this facilities, credible in accordance with 42 CFR 483.73(b) (2). This allocation of compliance. deficient practice could affect all occupants. **Corrective Action will include:** The facility updated Findings include: emergency preparedness to reflect procedure for Tracking of Staff and Based on review of the Disaster Plan on 02/20/23 Residents On 03/03/23 between 9:15 a.m. and 12:45 p.m. with the Facility administrator and Maintenance Director present, no policies and maintenance director developed a procedures that include a system to track the system to track staff on duty and location of on-duty staff and sheltered residents resident in-shelter in place during

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in the LTC facility's care during and after an

interview at the time of record review, the

emergency was available for review. Based on

Maintenance Director confirmed there was no

system to track the location of on-duty staff and

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Compliance:

On 03/03/23

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a disaster or emergency situation.

Audits will be conducted

**Assurance of On-Going** 

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282			UILDING	ONSTRUCTION	(X3) DATE COMPL <b>02/20</b> /	ETED	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	IT CO	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
E 0023	in the available plar This finding was re Director and Mainto exit conference.	in the event of an emergency n.  viewed with the Maintenance enance Assistant #1 during the 6.54(b)(4), 418.113(b)(3),			quarterly by the Maintenance Director or designee, any findi will be discussed in QAPI mee to assure compliance.	•	
SS=C Bldg	441.184(b)(5), 482 483.73(b)(5), 484. 485.68(b)(3), 485. 486.360(b)(2), 49 Policies/Procedure Documentation §403.748(b)(5), § (3), §441.184(b)(5) (5), §483.73(b)(5) §484.102(b)(4), § (5), §485.727(b)(3)	2.15(b)(5), 483.475(b)(5), .102(b)(4), 485.625(b)(5), .727(b)(3), 485.920(b)(4), 1.12(b)(3), 494.62(b)(4) es for Medical .416.54(b)(4), §418.113(b) .5), §460.84(b)(6), §482.15(b) ., §483.475(b)(5), .4485.68(b)(3), §485.625(b)					
	must develop and preparedness poli on the emergency (a) of this section, paragraph (a)(1) communication plasection. The polic be reviewed and uyears [annually for	implement emergency cies and procedures, based plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this cies and procedures must updated at least every 2 r LTC facilities]. At a cies and procedures must ving:]					
	documentation that information, protect	A system of medical at preserves patient cts confidentiality of patient ecures and maintains rds.					

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	X2) MULTIPLE CONSTRUCTION (X3) DAT			(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<del></del>	COMPL	ETED
		155282	B. WI	NG		02/20/	/2023
			<u> </u>	STREET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	CO	l	R, IN 47547		
	, avi, a a 1, a <b>4</b> 0001L	THE NORTH WOOD RETIREMENT	<del></del>	07101 E1	1		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	§403.748(b):] Policies and					
	procedures. (5) A						
	documentation that does the following: (i) Preserves patient information.						
	information.	dentiality of patient					
		maintains the availability of					
	records.	namans the availability of					
	records.						
	*IFor OPOs at 84	86.360(b):] Policies and					
	_	A system of medical					
		at preserves potential and					
	actual donor infor						
		ootential and actual donor					
		secures and maintains the					
	availability of reco						
	Based on record rev	view and interview, the facility	E 00	)23	E023 Policies/Procedures for	r	03/08/2023
	failed to ensure em	ergency preparedness policies			Medical Documentation CFR		
	and procedures incl	lude a system of medical			483.73(b) (5)		
	documentation that	-			It is the policy of the facility to		
	_	ts confidentiality of resident			maintain up to date Emergeno	.y	
	·	cures and maintains the			Preparedness Plans in		
		rds in accordance with 42 CFR			accordance with CFR 483.73		
		deficient practice could affect all			standards and requirements, a	and	
	occupants.				accept this facilities, credible		
					allocation of compliance.		
	Findings include:				Corrective Action will include		
	D 1	24 D' 4 DI 00/00/00			The facility added existing	-	
		the Disaster Plan on 02/20/23			system of medical documenta	tion	
		and 12:45 p.m. with the			that preserves resident		
		tor present, policies and			information, protects		
	documentation that	aded a system of medical			confidentiality of resident		
		•			information, and secures and	•	
		ts confidentiality of resident			maintains the availability to the EMP <b>On 03/03/23</b>	3	
	information, and secures and maintains the availability of records was not available for					d	
		nterview at the time of record			Facility administrator and maintenance director will ensure the second sec		
		nance Director confirmed the			that the system of medical	ii <del>C</del>	
	·	lan does not include a system			documentation that preserves		
	lacinty a Disastel I	ian aces not merade a system	1		L documentation that breserves		I

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR  A. BUILDING COMPLETE  B. WING 02/20/202			ETED		
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	of medical documer information, protect information, and see availability of recor This finding was re	ntation that preserves resident is confidentiality of resident cures and maintains the			resident information, protects confidentiality of resident information, and secures and maintains the availability are always available to all staff/residents for when neede Beginning 03/03/23  3) Maintenance director educated on the already existi system of medical documenta back-up EMAR for emergency On 03/03/23  Assurance of On-Going Compliance:  1) Administrator or designe will audit EMP every 6months: ensure that medical system EMAR remain in the emergence binder, findings will be discuss in QAPI meeting to assure compliance.	ng tion r use ee 2 to	
E 0025 SS=C Bldg	482.15(b)(7), 483. 485.625(b)(7), 485. Arrangement with §403.748(b)(7), §4(7), §460.84(b)(8), (7), §485.920(b)(6), §4  [(b) Policies and p must develop and preparedness poli on the emergency (a) of this section, paragraph (a)(1) c communication pla	418.113(b)(5), §441.184(b) ), §482.15(b)(7), §483.73(b) '), §485.625(b)(7),					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. B	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	λΤΕ	(X5) COMPLETION DATE
	be reviewed and u years [annually fo minimum, the poli address the follow *[For Hospices at §441.184,(b) Hos	updated at least every 2 r LTC facilities]. At a cies and procedures must ving:]  §418.113(b), PRFTs at pitals at §482.15(b), and					
	procedures. (7) [o arrangements with other providers to of limitations or ce	(483.73(b):] Policies and or (5)] The development of the other [facilities] [and] receive patients in the event essation of operations to nuity of services to facility					
	§483.475(b), CAF at §485.920(b) an §494.62(b):] Polic (6), (8)] The deve with other [facilities receive patients in cessation of opera	60.84(b), ICF/IIDs at Its at §486.625(b), CMHCs at Its at §486.625(b), CMHCs at Its and procedures. (7) [or Its at					
	procedures. (7) Ti arrangements with providers to receiv limitations or cess	6403.748(b):] Policies and the development of the other RNHCIs and other we patients in the event of section of operations to nuity of non-medical					
	Based on record rev failed to ensure em- and procedures incl arrangements with providers to receive limitations or cessa	view and interview, the facility ergency preparedness policies lude the development of other LTC facilities and other eresidents in the event of tion of operations to maintain rvices to LTC residents in	E 0	025	E0025 Arrangement with Oth Facilities CFR 483.73 (b) (7) It is the policy of the facility to maintain up to date Emergence Preparedness Plans in accordance with CFR 483.73 standards and requirements, a	рy	03/08/2023

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accordance with 42 CFR 483.73(b)(7). This

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accept this facilities, credible

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	A. BUILDING COM			(X3) DATE COMPL	ETED
		155282	B. WI	ING		02/20/	2023
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT (	СО	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	FROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION
TAG		LISC IDENTIFYING INFORMATION ould affect all occupants.		TAG	allocation of compliance.		DATE
	between 9:15 a.m. a Maintenance Direct emergency prepared including the develo other LTC facilities residents in the ever of operations was n on interview at the to Maintenance Direct arrangements with o available for review This finding was re-	the Disaster Plan on 02/20/23 and 12:45 p.m. with the for present, documentation of dness policies and procedures opment of arrangements with and other providers to receive not of limitations or cessation of available for review. Based time of record review, the for agreed documentation of other facilities was not at the time of the survey.			Corrective Action will include  1) Facility added existing policy and procedures for transof residents to other LTC facilitin EMP on 03/03/23  2) Facility administrator, maintenance or designee will continue to ensure that facility policy and procedure for reside transfers to other LTC facilities case of facility cessation remain the binder for easy access that needs it Beginning 03/03.  Assurance of On-Going Compliance:  1) Administrator, maintenanor designee will audit EMP everomethat the policy for resident's transfers to other LTC facilities in case of facility cessation remains in the emergency binder, findings wire discussed in QAPI meeting to assure compliance.	ents s in ins o all /23	
E 0029 SS=F Bldg	484.102(c), 485.6: 485.727(c), 485.9: 491.12(c), 494.62: Development of C §403.748(c), §416: §441.184(c), §460: §483.73(c), §483.9: §485.68(c), §485.9: §485.920(c), §486: §494.62(c).	5(c), 483.475(c), 483.73(c), 25(c), 485.68(c), 20(c), 486.360(c),					

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STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282		A. BUILDI B. WING	PLE CONSTRUCTION ING PREET ADDRESS, CITY, STATE, ZIP COD	(X3) DATE SURVEY  COMPLETED  02/20/2023	
	PROVIDER OR SUPPLIE SAMARITAN SOCIE	R TY NORTHWOOD RETIREMEN	25	515 NEWTON ST ASPER, IN 47547	
(X4) ID PREFIX TAG	(EACH DEFICIENT OF REGULATORY OF AN emergency pro	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION REPAREDRESS COMMUNICATION	IC PREI TA	FIX PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR	TION (X5)  LD BE COMPLETION  COMPLETION  DATE
E 0036	plan that complied local laws and must least every 2 year facilities. Based on record refailed to develop any preparedness common with Federal, State and updated at least 42 CFR 483.73(c). affect all occupants. Findings include:  Based on review of between 9:15 a.m. Maintenance Direct emergency prepared include a plan to deceme the facility's emergency prepared complies with Federal Based on interview review, the Maintet the facility's emergency provided did not in maintain an emergency provided did not in maintain an emergency provided did not in maintain and emergency provide	s with Federal, State and ust be reviewed and updated ears [annually for LTC] view and interview, the facility and maintain an emergency nunication plan that complies and local laws was reviewed to annually in accordance with This deficient practice could stand 12:45 p.m. with the tor present, the facility's dness plan provided did not evelop and maintain an dness communication plan that eral, State, and local laws. For at the time of the recordinance Director acknowledged ency preparedness plan clude a plan to develop and ency preparedness and that complies with Federal, vis.	E 0029	E0029 Development of Communication Plan CF 483.73 (C) It is the policy of the facility maintain up to date Emery Preparedness Plans in accordance with CFR 483 standards and requirement accept this facilities, crediction of compliance.  Corrective Action will interest and local laws On 03/03/22  The facility updated emergency communication that complies with Federal and local laws On 03/03/22  Facility administrator maintenance or designee continue to ensure that fath Maintains communication the emergency binder Be 03/03/23  AssAssurance of On-Go Compliance:  1) Administrator, maintenance or designee will audit EMI 6monthx2 to ensure that fath maintains communication the emergency binder and findings will be discussed meeting to assure compliance.	ty to gency 3.73 hts, and ible clude: on plan al, state, 23 or, will cility plan in ginning ing tenance P every facility plan in d any in QAPI
SS=F Bldg	1 ' '	5(d), 483.475(d), 483.73(d),			

STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282		A. B	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	IT CO	2515 NI	ADDRESS, CITY, STATE, ZIP EWTON ST R, IN 47547	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	I SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	485.727(d), 485.9 491.12(d), 494.62 EP Training and T §403.748(d), §416 §441.184(d), §466 §483.73(d), §485. §485.68(d), §485. §485.920(d), §486 §494.62(d).  *[For RNCHIs at § Hospice at §418.7 PACE at §460.84 HHAs at §484.102 CAHs at §486.629 485.727, CMHCs §486.360, and RF Training and testindevelop and main preparedness traithat is based on the in paragraph (a) coassessment at pasection, policies at (b) of this section, plan at paragraph training and testin reviewed and upded to the interviewed and upd	20(d), 486.360(d), (d) Festing 6.54(d), §418.113(d), ().84(d), §482.15(d), (475(d), §484.102(d), (625(d), §485.727(d), ().360(d), §491.12(d), ().360(d), ()					

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must be reviewed and updated at least

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/20/2023		
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	testing. The ICF/II maintain an emergand testing prograemergency plans this section, risk a (a)(1) of this sectio at paragraph (b) ocommunication plasection. The train must be reviewed 2 years. The ICF/I requirements for eat §483.470(i).  *[For ESRD Facility Training, testing, a dialysis facility mulemergency preparand patient orients on the emergency (a) of this section, paragraph (a)(1) of procedures at parand the communic of this section. The	ties at §494.62(d):] and orientation. The ast develop and maintain an redness training, testing ation program that is based replan set forth in paragraph risk assessment at of this section, policies and agraph (b) of this section, cation plan at paragraph (c) he training, testing and m must be evaluated and					
	Based on record rev failed to develop an preparedness trainin was reviewed and u accordance with 42 practice could affect Findings include:	view and interview, the facility d maintain an emergency ag and testing program that pdated at least annually in CFR 483.73(d). This deficient t all occupants.	E 0036	E0036 EP Training and Testic CFR 483.73 (d) It is the policy of the facility to maintain up to date Emergence Preparedness Plans in accordance with CFR 483.73 standards and requirements, accept this facilities, credible allocation of compliance.	and		
	based on review of	the Disaster Plan on 02/20/23		Corrective Action will includ	e:		

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	OF CORRECTION	IDENTIFICATION NUMBER  155282	A. B	BUILDING VING	nstruction 	COMF	PLETED 0/2023
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 NI	ADDRESS, CITY, STATE, ZIP C EWTON ST R, IN 47547	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	RECTION HOULD BE APPROPRIATE	(X5) COMPLETION DATE
	Maintenance Direct documentation avail an emergency prepa program available. of record review, the confirmed there is n available within the This finding was rev	nd 12:45 p.m. with the or present, there was no lable to show the facility had redness training and testing Based on interview at the time to Maintenance Director training and testing program Disaster Plan.  Wiewed with the Maintenance transce Assistant #1 during the			1) The facility complemergency preparedness and testing program wistaff On 03/03/23 2) Facility complete in-service by completing drill, called code green residents to designated completed resident heat and code green called 03/03/23 Assurance of On-Goin Compliance: 1) Administrator, mayor designee will audit Elensure that staff training testing are conducted of and any findings will discussed in QAPI meassure compliance.	ess training ith facility  d all staff ng a Tornado n, brought all d area, staff ad counts, off On  ng  aintenance EMP and ng and quarterly x be	
E 0037 SS=F Bldg	441.184(d)(1), 482 483.73(d)(1), 484. 485.68(d)(1), 485. 486.360(d)(1), 491 EP Training Progra §403.748(d)(1), §4 §441.184(d)(1), §4 §483.73(d)(1), §48 §485.68(d)(1), §48 (1), §485.920(d)(1) §491.12(d)(1). *[For RNCHIs at § Hospitals at §482. HHAs at §484.102 §485.727, OPOs at §491.12:]	am 116.54(d)(1), §418.113(d)(1), 160.84(d)(1), §482.15(d)(1), 13.475(d)(1), §484.102(d)(1), 185.625(d)(1), §485.727(d)					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION (X3) DATE SU					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	<del></del>	COMPL	
		155282	B. W	ING		02/20/	2023
NAME OF I	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
			- 00		EWTON ST		
GOOD S	SAMARITAN SOCIE	TY NORTHWOOD RETIREMEN	CO	JASPER	R, IN 47547		
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
	all of the following	n emergency preparedness					
		edures to all new and					
	1 '	viduals providing services					
	_	nt, and volunteers,					
	consistent with the	eir expected roles.					
	` '	ency preparedness training					
	at least every 2 ye						
	, ,	mentation of all emergency					
	preparedness trail						
	emergency proced	staff knowledge of					
		cy preparedness policies					
		re significantly updated, the					
	· ·	duct training on the					
	updated policies a						
		§418.113(d):] (1) Training.					
		do all of the following:					
		n emergency preparedness edures to all new and					
	1 '	employees, and individuals					
		s under arrangement,					
	I ' -	eir expected roles.					
	(ii) Demonstrate s						
	emergency proced	dures.					
		gency preparedness training					
	at least every 2 ye						
	` '	eview and rehearse its					
		redness plan with hospice					
		ding nonemployee staff), lasis placed on carrying out					
		ecessary to protect patients					
	and others.	booodary to proteot patients					
		mentation of all emergency					
	preparedness trai						
	1	ncy preparedness policies					
	1	re significantly updated, the					
	1	duct training on the					
	updated policies a	and					1

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Event ID:

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AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282			UILDING	NSTRUCTION	COMPL 02/20	ETED	
	OF PROVIDER OR SUPPLIEF O SAMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	program. The PR following:  (i) Initial training in policies and proce existing staff, individed arrangement consistent with the fill of the fill of the fill of the fill of the following staff, individed and procedures are procedured and procedures and procedur	mentation of all emergency ning. cy preparedness policies re significantly updated, the act training on the updated edures.  60.84(d):] (1) The PACE of do all of the following: an emergency preparedness edures to all new and eviduals providing on-site transpement, contractors, evolunteers, consistent with essency preparedness training ears.  Staff knowledge of dures, including informing at to do, where to go, and an case of an emergency.  mentation of all training. The proparedness policies are significantly updated, the act training on the updated					

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	NT OF DEFICIENCIES  N OF CORRECTION	IDENTIFICATION NUMBER  155282		UILDING		COMPL 02/20/	ETED
	PROVIDER OR SUPPLIEF	TY NORTHWOOD RETIREMEN	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	Training Program of the following: (i) Initial training in policies and proce existing staff, individual arrangement consistent with the (ii) Provide emergat least annually. (iii) Maintain docupreparedness trait (iv) Demonstrates emergency proced* [For CORFs at & CORF must do all (i) Provide initial the preparedness polinew and existing services under arrangement with the (ii) Provide emergat least every 2 yes (iii) Maintain docut (iv) Demonstrates emergency procedus be oriented are procedus be oriented are ponsibilities regement be emergency plan wworkday. The train instruction in the lessystems and signal equipment. (v) If the emergement procedures and procedures are serviced and procedure are serviced and procedu	mentation of all emergency ning. staff knowledge of dures.  485.68(d):](1) Training. The lof the following: raining in emergency icies and procedures to all staff, individuals providing rangement, and volunteers, eir expected roles. ency preparedness training ears. mentation of the training. staff knowledge of dures. All new personnel and assigned specific garding the CORF's within 2 weeks of their first ning program must include ocation and use of alarm als and firefighting  ncy preparedness policies re significantly updated, the uct training on the updated					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING  (X3) DATE SURVEY  COMPLETED  02/20/2023					
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LLSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	(X5) COMPLETION DATE
IAU	*[For CAHs at §48 program. The CAH following: (i) Initial training in policies and procedures and protection, and who of patients, person prevention, and control and disaster author existing staff, individuals arrangement consistent with the (ii) Provide emergat least every 2 yes (iii) Maintain docus (iv) Demonstrate as emergency procedures and procedures and procedures and procedures and procedures and procedures and procedures to all result individuals provided arrangement, and their expected role documentation of must demonstrate emergency procedures to all results and procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures to all results and their expected role documentation of must demonstrate emergency procedures and their expected role documentation of must demonstrate emergency procedures and their expected role documentation of the results and their expected role documentation of the results and their expected role documentation of the resu	nere necessary, evacuation and, and guests, fire properation with firefighting prities, to all new and viduals providing services at, and volunteers, eir expected roles. Hency preparedness training pars. Hency preparedness policies are significantly updated, the attraining on the updated edures.  485.920(d):] (1) Training. Provide initial training in redness policies and hew and existing staff, and services under volunteers, consistent with es, and maintain the training. The CMHC estaff knowledge of dures. Thereafter, the	E	0037	E0037 EP Training Program		03/08/2023
	failed to conduct an Emergency Prepare LTC facility must d	nual training for the dness Program (EPP). The o all of the following: (i) Initial cy preparedness policies and			CFR 483.73 (d) (1) It is the policy of the facility to maintain up to date Emerger Preparedness Plans in	o	3313012023

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282	A. B	MULTIPLE CO BUILDING VING	ONSTRUCTION	COME	E SURVEY PLETED 0/2023
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 N	ADDRESS, CITY, STATE, ZIP C EWTON ST R, IN 47547	OD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR. (EACH CORRECTIVE ACTION SECONDS-REFERENCED TO THE ADEFICIENCY)	RECTION HOULD BE PPROPRIATE	(X5) COMPLETION DATE
	individuals providing and volunteers, con roles; (ii) Provide e training at least and documentation of a training; (iv) Demo emergency procedud 483.73(d) (1). This all residents in the findings include:  Based on review of between 9:15 a.m. a Maintenance Direct of annual Disaster I documentation to sliknowledge of the Direct review. Based on a record review, the Microfirmed there was Disaster Plan training show staff could de Disaster Plan was a This finding was re	the Disaster Plan on 02/20/23 and 12:45 p.m. with the cor present, no documentation Plan training and no now staff could demonstrate disaster Plan was available for in interview at the time of Maintenance Director is no documentation of annual no and no documentation to monstrate knowledge of the			accordance with CFR a standards and requirer accept this facilities, crallocation of compliance Corrective Action will  1) The facility complemergency preparednes and testing program wistaff On 03/03/23  2) Facility complete in-service by completed in-service by completindrill, called code green residents to designated completed resident hea and code green called 03/03/23  3) Facility will ensur new hire undergo emerpreparedness training orientation such as who during emergencies, we EMP, and location of eaccessories Beginning Assurance of On-Goir Compliance:  1) Administrator, mand of training and testing are quarterly x 3 and any file be discussed in QAPI in assure compliance.	ments, and edible se. include: leted an ess training th facility d all staff and counts, off On see that all regency during their at to do here to find mergency g 03/03/23 ng aintenance EMP and ld staff a conducted indings will	
E 0039 SS=F Bldg	441.184(d)(2), 481 483.73(d)(2), 484 485.68(d)(2), 485 486.360(d)(2), 49 EP Testing Requi	5.54(d)(2), 418.113(d)(2), 2.15(d)(2), 483.475(d)(2), 102(d)(2), 485.625(d)(2), 727(d)(2), 485.920(d)(2), 1.12(d)(2), 494.62(d)(2) rements 18.113(d)(2), §441.184(d)(2),					

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SI				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	<del></del>	COMPL	
		155282	B. W	ING		02/20/	2023
NAME OF P	DOVIDED OF GUIDN TER		-	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIEF			2515 NE	EWTON ST		
GOOD S.	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	JASPER	R, IN 47547		
(X4) ID		STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	<u> </u>	TAG	DEFICIENCY		DATE
	§460.84(d)(2), §482.15(d)(2), §483.73(d)(2), §483.475(d)(2), §484.102(d)(2), §485.68(d)(2), §485.625(d)(2), §485.727(d)(2), §485.920(d) (2), §491.12(d)(2), §494.62(d)(2).  *[For ASCs at §416.54, CORFs at §485.68, OPO, "Organizations" under §485.727,						
	, ,	,					
	_	020, RHCs/FQHCs at					
	9491.12, and ESF	RD Facilities at §494.62]:					
	(2) Testing. The [f	facility] must conduct					
	. ,	he emergency plan					
	annually. The [facility] must do all of the						
	following:						
	community-based (A) When a commot accessible, confunctional exercise (B) If the [facinatural or man-material o	munity-based exercise is product a facility-based e every 2 years; or ility] experiences an actual ade emergency that requires emergency plan, the [facility] agaging in its next required or individual, facility-based e following the onset of the editional exercise at least posite the year the full-scale cise under paragraph (d)(2) is conducted, that may be called exercise that is a conditional, facility-based e; or					
	discussion using a	a narrated,					
	clinically-relevant	emergency scenario, and a					

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AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155282		A. BUILDING COMPLETED  B. WING 02/20/2023						
		ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
		to challenge an en (iii) Analyze the [far maintain document exercises, and em the [facility's] emet *[For Hospices at 4 (2) Testing for host the patient's home conduct exercises plan at least annuat the following: (i) Participate in a community based (A) When a commaccessible, conduct based functional et (B) If the hospice of the emergency exempt from engascale community-based functional exercises of the emerging of the emergency exempt from engascale community-based functional exercises of this section is conclude, but is not (A) A second full-community-based functional exercises (B) A mock disast (C) A tabletop exelled by a facilitator discussion using a second full-concluded by a facilitator discussion using a second full-discussion using a second full-discussio	pared questions designed hergency plan. acility's] response to and station of all drills, tabletop hergency events, and revise regency events, and revise regency plan, as needed.  418.113(d):] spices that provide care in the hospice must to test the emergency ally. The hospice must do  full-scale exercise that is every 2 years; or unity based exercise is not an individual facility exercise every 2 years; or experiences a natural or ency that requires activation plan, the hospital is ging in its next required full based exercise or individual tional exercise following the gency event.  Iditional exercise every 2 eyear the full-scale or ender paragraph (d)(2)(i) conducted, that may limited to the following: scale exercise that is or a facility based exercise or workshop that is and includes a group in narrated, emergency scenario, and a					

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	<del></del>	COMPL		
		155282	B. W	ING		02/20/	/2023	
NAME OF P	DOMDED OD GUDDU TET		-	STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIER	X.		2515 NI	EWTON ST			
GOOD S.	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	JASPEI	R, IN 47547			
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION (FACH CORPECTIVE ACTION SHOULD BE			(X5)	
PREFIX	``	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		pared questions designed						
	to challenge an e	mergency plan.						
	(3) Testing for hos	spices that provide inpatient						
	1 ' '	hospice must conduct						
	exercises to test the emergency plan twice							
		spice must do the following:						
		an annual full-scale exercise						
	that is community	-based; or						
		nunity-based exercise is not						
		ıct an annual individual						
		ctional exercise; or						
		experiences a natural or						
		ency that requires activation						
		plan, the hospice is aging in its next required						
		nity based or facility-based						
		e following the onset of the						
	emergency event							
		dditional annual exercise						
	1 ' '	but is not limited to the						
	following:							
	(A) A second full-	-scale exercise that is						
	1	l or a facility based						
	functional exercis							
	(B) A mock disas							
	l 1 1	ercise or workshop led by a						
		udes a group discussion						
	using a narrated,	-						
	1 -	rio, and a set of problem ted messages, or prepared						
		ed to challenge an						
	emergency plan.	ou to orialienge an						
		ospice's response to and						
	1 ' '	ntation of all drills, tabletop						
		nergency events and revise						
	l '	ergency plan, as needed.						
	*IC. DDCT ' 0	144 404(d) Hoon:4-14						
	"[For PRF1s at §⁴	141.184(d), Hospitals at						

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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<del></del>	COMPL	
		155282	B. W	ING		02/20/	/2023
MANGORI	DROLUDER OF GUREY TO		-	STREET A	ADDRESS, CITY, STATE, ZIP COD	-	
NAME OF I	PROVIDER OR SUPPLIEF	ę.		2515 NI	EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	JASPE	R, IN 47547		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	<u> </u>	TAG	DEFICIENCY)		DATE
	§482.15(d), CAHs	- , , -					
		PRTF, Hospital, CAH] must					
		s to test the emergency					
	plan twice per year. The [PRTF, Hospital,						
	CAH] must do the following:						
		an annual full-scale exercise					
	that is community	nunity-based exercise is not					
	` '	iunity-based exercise is not ict an annual individual,					
	•	ctional exercise; or					
		Hospital, CAH] experiences					
	. ,	or man-made emergency					
	that requires activation of the emergency plan, the [facility] is exempt from engaging in						
		ull-scale community based					
	-	ty-based functional exercise					
		et of the emergency event.					
	_	an [additional] annual					
	` '	nat may include, but is not					
	limited to the follo						
		scale exercise that is					
	community-based						
	_	ctional exercise; or					
	_	ock disaster drill; or					
		exercise or workshop that					
	, ,	or and includes a group					
	discussion, using	a narrated,					
	clinically-relevant	emergency scenario, and a					
	set of problem sta	tements, directed					
	messages, or pre	pared questions designed					
	to challenge an er	mergency plan.					
	(iii) Analyze t	he [facility's] response to					
	and maintain docu	umentation of all drills,					
	tabletop exercises	s, and emergency events					
	and revise the [fac	cility's] emergency plan, as					
	needed.						
	*[For PACE at §460.84(d):]						
		PACE organization must					
		s to test the emergency					

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. BUILDING			COMPI	(3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	- co	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LIGGUE DESCRIPTION OF DEFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E	(X5) COMPLETION	
TAG	plan at least annu organization must (i) Participate in a that is community. (A) When a commaccessible, condu facility-based function (B) If the PACE exor man-made emeractivation of the exist exempt from en full-scale communifacility-based functionset of the emeractivation onset of the emeractivation onset of the emeractivation	do the following: an annual full-scale exercise abased; or aunity-based exercise is not ct an annual individual, ational exercise; or aperiences an actual natural argency that requires argency plan, the PACE agaging in its next required aity based or individual, ational exercise following the agency event. an additional exercise every ander paragraph (d)(2)(i) anducted that may include, attended that may include, attended that is an individual, a facility axercise; or a ter drill; or a tercise or workshop that is and includes a group a narrated, and inclu		TAG			DATE	
	to test the emerge	ty] must conduct exercises ency plan at least twice per announced staff drills using ocedures. The [LTC facility,						

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER  155282			UILDING	NSTRUCTION	COMPL 02/20/	LETED		
		PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 NE	DDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		that is community- (A) When a commaccessible, condu- facility-based function (B) If the [LTC faci- actual natural or macural or macural requires activation LTC facility is exer- required a full-scalidividual, facility- following the onse (ii) Conduct an actual may include, If following: (A) A second full- community-based based functional et (B) A mock disast (C) A tabletop exelled by a facilitator discussion, using a clinically-relevant aset of problem star messages, or prepto challenge an en (iii) Analyze the [Least response to and mall drills, tabletop exemples and revise emergency plan, as a terminal full trills, tabletop exemples and revise emergency plan, as the community-based functional exercises to test the twice per year. The following:	an annual full-scale exercise abased; or aunity-based exercise is not act an annual individual, ational exercise. ility] facility experiences an ann-made emergency that a of the emergency plan, the ampt from engaging its next ale community-based or abased functional exercise at of the emergency event. additional annual exercise but is not limited to the  scale exercise that is or an individual, facility exercise; or a narrated, emergency scenario, and a atements, directed bared questions designed mergency plan. LTC facility] facility's anaintain documentation of exercises, and emergency at the [LTC facility] facility's as needed.  483.475(d)]: CF/IID must conduct the emergency plan at least the ICF/IID must do the an annual full-scale exercise					

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	AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  155282		, ,	UILDING	NSTRUCTION	COM	(X3) DATE SURVEY COMPLETED 02/20/2023	
	DF PROVIDER OR SUPPLIED  SAMARITAN SOCIE	R TY NORTHWOOD RETIREMEN	IT CO	2515 NE	DDRESS, CITY, STATE, ZIP CO EWTON ST R, IN 47547	D		
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API	OULD BE	(X5) COMPLETION	
TAG	(A) When a commaccessible, condutatively-based functions of the ending sexempt from ending sexempt from endilly-based functions of the emerital community-based facility-based functions of the emerital community-based facility-based functions of the emerital community-based facility-based functions of the exemption of the	Iditional annual exercise but is not limited to the scale exercise that is a or an individual, ctional exercise; or ter drill; or ercise or workshop that is and includes a group a narrated, emergency scenario, and a atements, directed pared questions designed mergency plan.  CF/IID's response to and intation of all drills, tabletop in ergency events, and revise regency plan, as needed.  34.102]  e HHA must conduct the emergency plan at the HHA must do the  full-scale exercise that is the community-based exercise conduct an annual chased functional exercise		TAG	DEFICIENCY		DATE	

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	AND PLAN OF CORRECTION  X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155282		A. B	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2023	
	PROVIDER OR SUPPLIEI	R TY NORTHWOOD RETIREMEN	гсо	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	(B) If the HH	A experiences an actual						
		ade emergency that requires						
		mergency plan, the HHA is						
	exempt from engaging in its next required full-scale community-based or individual,							
		ctional exercise following the						
	onset of the emer	gency event. Iditional exercise every 2						
	· ·	ne year the full-scale or						
		e under paragraph (d)(2)(i)						
	of this section is o							
		limited to the following:						
		full-scale exercise that is						
	community-based or an individual,							
	facility-based fund	ctional exercise; or						
	(B) A mock d	isaster drill; or						
	(C) A tableto	p exercise or workshop that						
	is led by a facilitat	tor and includes a group						
	discussion, using							
		emergency scenario, and a						
		atements, directed						
		pared questions designed						
	to challenge an e	• • •						
		HA's response to and						
		ntation of all drills, tabletop nergency events, and revise						
	· ·	ency plan, as needed.						
	l the fill is a cinerge	chey plan, as needed.						
	*[For OPOs at §4	86.360]						
		e OPO must conduct						
	exercises to test t	he emergency plan. The						
	OPO must do the	following:						
	(i) Conduct a pap	er-based, tabletop exercise						
		ast annually. A tabletop						
		a facilitator and includes a						
		using a narrated, clinically						
		cy scenario, and a set of						
		nts, directed messages, or						
		ns designed to challenge an						
	emergency plan.	If the OPO experiences an						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		l í	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282			JILDING	<del></del>	COMPL		
		155282	B. W	NG		02/20/	2023
	PROVIDER OR SUPPLIER AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	2515 N	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL				TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	actual natural or na requires activation OPO is exempt for required testing exof the emergency (ii) Analyze the Off maintain documer exercises, and emaintain documer exercises, and emaintain documer exercises to test to the result of the exercises of the exercises of the exercise of the result of the exercises, and emaintain documer exercises. The LT following:	man-made emergency that n of the emergency plan, the om engaging in its next exercise following the onset event. PO's response to and ntation of all tabletop nergency events, and revise OPO's] emergency plan, as  3.748]: e RNHCI must conduct the emergency plan. The ne following: er-based, tabletop exercise A tabletop exercise is a led by a facilitator, using a A-relevant emergency et of problem statements, es, or prepared questions enge an emergency plan. NHCI's response to and ntation of all tabletop nergency events, and revise regency plan, as needed. view and interview, the facility tercises to test the emergency	E 00		E0039 EP Testing Requirements of the facility to maintain up to date Emergence Preparedness Plans in accordance with CFR 483.73 standards and requirements, as	у	03/08/2023
	is community-based a. When a commun				accept this facilities, credible allocation of compliance.		
	a. When a community-based exercise is not accessible, conduct an annual individual,				Corrective Action will include	ə:	
	facility-based funct	ional exercise.			The facility completed a		
		ty experiences an actual natural			stimulated community based		
		gency that requires activation			exercise with the Fire Chief an		
	of the emergency p	lan, the LTC facility is exempt			code enforcement officer with	staff	

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	AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  155282		ì	UILDING	ONSTRUCTION	(X3) DATE COMPL 02/20	ETED
	PROVIDER OR SUPPLIEF	TY NORTHWOOD RETIREMEN	т со	2515 NI	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE
	from engaging its in community-based of full-scale functional the onset of the activation of the onset of the community-based of functional exercises. In the community-based of functional exercises. In the community-based of functional exercises. In the community-based of functional exercise of acilitator that incluses a narrated, clinically and a set of problem messages, or prepare challenge an emerging (iii) Analyze the LT maintain document exercises, and emer LTC facility's emer accordance with 42 This deficient praction the facility.  Findings include:  Based on review of between 9:15 a.m. and Maintenance Direction of the provided dotted based exercise during the asecond exercise community. The Maintfacility has not take exercise during the a second exercise during the a second exercise during the asecond exercise dur	ext required full-scale in a or individual, facility-based l exercise for 1 year following hal event. itional exercise that may imited to the following: ale exercise that is or an individual, facility-based drill; or as early discussion, using yerelevant emergency scenario, an statements, directed ared questions designed to ency plan. To facility's response to and action of all drills, tabletop are events, and revise the agency events, and revise the agency plan, as needed in CFR 483.73(d)(2). ice could affect all occupants  The Disaster Plan on 02/20/23 and 12:45 p.m. with the tor present, the facility was occumentation of a community and the past 12 months, and to provide documentation of a neducted during the past twelve tenance Director said the en part in a community based past 12 months, or conducted uring the past 12 month			during table top exercise On 03/03/23 2) Facility will conduct community-based table top exercise with Fire Marshall annually Beginning 01/02/24 Assurance of On-Going Compliance: 1) Administrator, maintenance designee will audit EMP and ensure that community-based exercise is conducted annual and any findings will be discuin QAPI meeting to assure compliance.	e or d ly	
	This finding was re	viewed with the Maintenance					

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282		UILDING	ONSTRUCTION	COME	E SURVEY PLETED D/2023
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMEN	т со	2515 N	ADDRESS, CITY, STATE, Z EWTON ST R, IN 47547	IP COD	_
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION  enance Assistant #1 during the		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE FHE APPROPRIATE	(X5) COMPLETION DATE
K 0000	exit conference.						
Bldg. 01	Licensure Survey w Department of Heal 483.90(a).  Survey Date: 02/20 Facility Number: 0 Provider Number: 1002  At this Life Safety C Society Northwood found not in compli Participation in Med Subpart 483.90(a), 1 2012 edition of the Association (NFPA Chapter 19, Existing 410 IAC 16.2.  This one story facility Type V (000) const sprinklered. The fa with hard wired sme spaces open to the c sleeping rooms. Th and had a census of  All areas where the access were sprinkle facility services were	00180 155282	KO	0000	K0000 Credible Alle Compliance and Co Preparation and exe response and plan of does not constitute or agreement by the truth of the facts alle conclusions set fort statement of deficie plan of corrections p executed solely bed required by the prov Federal and State la purposes of any alle facility is not in subs compliance with Ferequirements of par response and plan of constitutes the facility of compliance in acc section 7305 of the Operations Manual. 03/08/23	orrection: ecution of this of correction an admission e provider of the eged or h in the encies. The prepared and/or cause it is visions of the egation that the estantial deral ticipation, this of correction ity's allegation cordance with State	

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282	ì	UILDING	nstruction  01	(X3) DATE COMPI 02/20	LETED
	PROVIDER OR SUPPLIER			2515 NE	DDRESS, CITY, STATE, ZIP COD		
GOOD S	SAMARITAN SOCIE	TY NORTHWOOD RETIREMEN	T CO	JASPER	R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION INPleted on 02/27/23		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
K 0222 SS=F Bldg. 01	be equipped with requires the use of egress side unless special locking art CLINICAL NEEDS LOCKING Where special loc clinical security nest used, only one loc permitted on each be made for the raby: remote control locks or keys carriother such reliable staff at all times. 18.2.2.2.5.1, 18.2.19.2.2.2.6 SPECIAL NEEDS ARRANGEMENTS Where special loc safety needs of the the Clinical or Section are being met. In electrical locks that release upon loss building is protected automatic sprinkles space is protected detection system at an attended loc space); and both the control of the control	king arrangements for the eds of the patient are cking device shall be a door and provisions shall apid removal of occupants of locks; keying of all ited by staff at all times; or emeans available to the end of the end o					

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STATEMEN	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	<u>01</u>	COMPL	LETED	
		155282	B. W	NG		02/20	02/20/2023	
				STREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF 1	PROVIDER OR SUPPLIEI	R			EWTON ST			
GOOD S	SAMARITAN SOCIE	TY NORTHWOOD RETIREMENT	CO		R, IN 47547			
		THE NORTHWOOD RETIREMENT	<del></del>	JAOI LI				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	DELAYED-EGRESS LOCKING							
	ARRANGEMENT	=						
		delayed-egress locking						
	1 -	in accordance with						
		permitted on door						
		ng low and ordinary hazard						
		ngs protected throughout by						
		ervised automatic fire						
	I -	or an approved, supervised						
	automatic sprinkle							
	18.2.2.2.4, 19.2.2							
		ROLLED EGRESS						
	LOCKING ARRAI							
		d Egress Door assemblies						
		dance with 7.2.1.6.2 shall						
	be permitted.							
	18.2.2.2.4, 19.2.2							
		BY EXIT ACCESS						
	LOCKING ARRAI							
	-	it access door locking in						
		7.2.1.6.3 shall be permitted						
		es in buildings protected						
	-	approved, supervised						
		ection system and an ised automatic sprinkler						
	1 ''	ised automatic sprinkler						
	system. 18.2.2.2.4, 19.2.2	2.4						
		on and interview, the facility	K 0.	າາາ	K0222 Egress Doors CFR: NI	EDΛ	03/09/2023	
		means of egress through 13 of	I K U	<i>LLL</i>	101	I FA	03/09/2023	
		ocks were readily accessible			It is the policy of the facility to			
	, ,	and visitors. LSC 7.2.1.6.1,			maintain a Life Safety Code in			
		cking Systems, says approved,			accordance with CFR 483.90			
		ess locking systems shall be			standards and requirements, a	and		
		called on doors serving low and			accept this facilities, credible			
	_	ntents in buildings protected			allocation of compliance.			
	1 -	pproved, supervised automatic			Corrective Action will include	e:		
		m installed in accordance with			The facility will post on a			
		pproved, supervised automatic			the identified exit doors with			
	·	stalled in accordance with			delayed egress signage that re	eads		
		nere permitted in Chapters 11			"PUSH UNTILL ALARM SOUN			

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	OF CORRECTION	IDENTIFICATION NUMBER  155282	r í	ILDING	<u>01</u>	COMPL 02/20/	ETED
	ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	СО	2515 NE	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION  d: (4*) A readily visible	1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)  DOOR CAN BE OPENED IN		(X5) COMPLETION DATE
IAG	through 43, provided durable sign in letter and not less than 1/3 contrasting backgrosshall be located on release device in the UNTIL ALARM SOOPENED IN 15 SE could affect all residuality.  Findings include:  Based on observation p.m. and 3:00 p.m. the Maintenance Different the Maintenance Different the facility, exunit, were equipped second delayed egrowere provided with UNTIL ALARM SOOPENED IN 15 SE the exit doors had the keypad to exit. Who doors did release from the pushing on the panisecond delayed egrotime of each observed Director acknowled equipped with the prosted near the keypad to finding was residually and the posted near the keypad to finding was residually and the posted near the keypad to finding was residually and the posted near the keypad to finding was residually and the posted near the keypad to finding was residually and the posted near the keypad to finding was residually and the posted near the keypad to find the posted near the posted near the posted near the keypad to find the posted near the posted nea	d: (4*) A readily visible, rs not less than 1 inch high 8 inch in stroke width on a und that reads as follows the door leaf adjacent to the direction of egress: PUSH DUNDS DOOR CAN BE CONDS. This deficient practice dents, staff and visitors in the during a tour of the facility with rector, Maintenance Assistant Transportation, all exit doors cept two in the memory care with magnetic locks with 15 tess. None of the exit doors signage that read, PUSH DUNDS DOOR CAN BE CONDS. Furthermore, none of the code posted near the en tested by maintenance, the om the magnetic holders when to bars and activating the 15 tess. Based on interview at the ation, the Maintenance ged all exit doors were not roper signage or had the code		IAG	DOOR CAN BE OPENED IN SECONDS" By 03/09/23 2) All staff will be in-service ability to push the door for 15 seconds in case there is emergency to use the door ex By 03/09/23 Assurance of On-Going Compliance: 1) Facility maintenance director or designee will round weekly x 4 weeks, monthly x 3months ensuring that the sig remains intact and any finding will be discussed in QAPI mento assure compliance.	e on kits d mage	DATE

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STATEMENT OF D		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282		ILDING	nstruction  01	(X3) DATE : COMPL 02/20/	ETED
NAME OF PROVID		TY NORTHWOOD RETIREMENT (	co	2515 NE	DDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
SS=E Coo Bldg. 01 Coo Coo accc Vent Corn * res appli toas cook 19.3 * coo smo patie 18.3 * coo with cond Coo NFF encl be o 18.3 throi Base faile shut 19.3 resid is us shall facil (1) T is no (2) T shall com (3) T	ordance with Natilation Control mercial Cooking in Cooking in accordance such a ters) are used sing in accordance in a compartment of the compartment in a comply with a complete in a comply with a complete in a complete with a com	in smoke compartments atients comply with 8.3.2.5.4, 19.3.2.5.4. Protected according to 8 are not required to be adous areas, but shall not ridor.  18.3.2.5.4, 19.3.2.5.1  19.2.3, TIA 12-2  19.2.3, TIA 12-2  19.2.3 and interview, the facility cook tops in 2 of 2 rooms was haven not in use. LSC hin a smoke compartment, ercial cooking equipment that leals for 30 or fewer persons provided that the cooking thall the following conditions: faining the cooking equipment	K 03	324	K0324 Cooking Facilities CFF NFPA 101 It is the policy of the facility to maintain a Life Safety Code in accordance with CFR 483.90 standards and requirements, a accept this facilities, credible allocation of compliance. Corrective Action will include 1) The facility contacted electrical company to install a breaker switch in the physical therapy and activity rooms that deactivate the stove when not use. Will be completed by	nd e: t will	03/09/2023

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	01	COMPLETED	
		155282	B. Wl	NG		02/20/	2023
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
					EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	CO	JASPÉR	R, IN 47547		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		A switch meeting all the		TAG			DATE
	following is provide	_			03/09/23 2) Therapy and Activity sta	ff	
	(a) A locked switch, or a switch located in a				will be educated on how to tur		
	1 1	is provided within the cooking			breaker switch when using the		
		ates the cooktop or range.			stove and turn off the breaker	•	
	1	sed to deactivate the cooktop			switch when not in use of the		
	1 1	the kitchen is not under staff			stove <b>By 03/09/23</b>		
	supervision.				Assurance of On-Going		
	This deficient pract	ice could affect all residents			Compliance:		
	while in the Physica	al Therapy Room and Activity			1) Facility maintenance		
	Room.				director or designee will round		
					weekly x 4 weeks, monthly x		
	Findings include:				3months to ensure that therap	-	
					and activity staff are complian		
		ons on 02/20/23 between 12:45			and any findings will be discus	ssed	
	1	during a tour of the facility with			in QAPI meeting to assure		
		rector, Maintenance Assistant			compliance.		
		Transportation, there were					
	_	ne Physical Therapy and					
	1	hen checked, and not in use,					
		liances were not deactivated cooktop power sources.					
		at the time of observation, the					
		tor confirmed both cooktop					
		activated when not in use.					
	This finding was re	viewed with the Maintenance					
	Director and Mainte	enance Assistant #1 during the					
	exit conference.						
	3.1-19(b)						
K 0711	NFPA 101						
SS=F	Evacuation and R	elocation Plan					
Bldg. 01	Evacuation and R						
J		plan for the protection of all					
		neir evacuation in the event					
	of an emergency.						
		eriodically instructed and					
	1	their duties under the plan.					1

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	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER  155282		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY  COMPLETED  02/20/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 NI	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547	-	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	ATE	(X5) COMPLETION DATE
	with telephone opplan addresses the of staff per 18/19.2 of the fire safety pr 18/19.2.2. 18.7.1.1 through 18.7.2.2, 18.7.2.3, 19.7.2.1.2, 19.7.2. Based on record reversided to provide a convitten fire safety presidents to accurate systems, plus a systems, plus a systems, plus a systems, plus a system following:  (1) Use of alarms  (2) Transmission of (3) Emergency phore  (4) Response to alarticles (5) Isolation of fire  (6) Evacuation of sire  (7) Evacuation of sire  (8) Preparation of fire  (9) Extinguishment Section 19.2.3.4(4) corridor shall not be width where serving patient sleeping roor required width shall equipment provided equipment during a addressed in the writaining program for equipment is limited in Equipment in use	riew and interview, the facility complete facility specific lan for the protection of all cely address all life safety em addressing all items 101, 2012 edition, Section .2.2 requires a written health care ty plan that shall provide for alarm to fire department ene call to fire department ene call to fire department cors and building for of fire states any required aisle or eless than 48 inches in clear gas means of egress from ms. Projections into the lebe permitted for wheeled the relocation of wheeled fire or similar emergency is atten fire safety plan and refacility. The wheeled to:	KO	711	K711 Evacuation and Relocation Plan CFR: NFPA It is the policy of the facility to maintain a Life Safety Code in accordance with CFR 483.90 standards and requirements, accept this facilities, credible allocation of compliance.  Corrective Action will included the EMP to address the use of K-class fire extinguisher in the kitchen in relationship with the of the kitchen overhead extinguishing system, the remof wheeled equipment from the corridor in event of an emergency phone call to the department On 03/03/23  2) Facility will ensure that EMP is updated annually for compliance Beginning 01/02.  3) Kitchen staff will be in-service on K-class fire extinguisher usage By 03/09/4) All staff in-services on ensuring that all wheeled equipment are removed in evan emergency On 03/03/23	and  de: e e use noval ne ency, to fire	03/09/2023

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u> COMP			COMPL	ETED
		155282	B. WI	NG		02/20/	2023
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	t .			EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	iii. Patient lift and to				Assurance of On-Going		
	_	ice could affect all occupants			Compliance:		
	in the event of an er	nergency.			Facility maintenance	-4-	
	Eindings in aluda.				director or designee will comp	ete	
	Findings include:				Kitchen and nursing staff	oth o	
	Rosed on a review	of the facility's "Fire			interview/audit monthly x 3mo	illis,	
		ement Plan" on 02/20/23			quarterlyx2 to ensure that the respective staff are knowledge	ahla	
		and 12:45 p.m. with the			on what to do in event of an	anic	
		tor present, the plan did not			emergency, and any findings v	will	
	address the following				be discussed in QAPI meeting		
		-class fire extinguisher in the			assure compliance.		
		hip with the use of the kitchen			•		
	overhead extinguish	ning system.					
	b. The removal of v	wheeled equipment from the					
	corridor in the even	t of an emergency.					
		n of the alarm to the fire					
	department.						
	d. An emergency p	hone call to the fire					
	department.						
		at the time of record review,					
		rector acknowledged and					
		safety plan did not address the					
	previously mentions	ed items.					
	This finding was re-	viewed with the Maintenance					
		enance Assistant #1 during the					
	exit conference.	mance resistant in a during the					
	3.1-19(b)						
K 0920	NFPA 101						
SS=E		ent - Power Cords and					
Bldg. 01	Extens	Sit I off Coldo alla					
		ent - Power Cords and					
	Extension Cords						
		patient care vicinity are only					
	used for compone						
		ed electrical equipment					
	(PCREE) assemb	les that have been					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION (X3) DATE S					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPLETED	
		155282	B. W	ING		02/20/	/2023
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	C		2515 N	EWTON ST		
	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	со	JASPE	R, IN 47547		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		alified personnel and meet					
		10.2.3.6. Power strips in					
	1	cinity may not be used for , personal electronics),					
	, -	m care resident rooms that					
		E. Power strips for PCREE					
		r UL 60601-1. Power strips					
		the patient care rooms					
		r) meet UL 1363. In					
	1 '	ooms, power strips meet					
	other UL standard	ls. All power strips are					
	used with general	precautions. Extension					
		d as a substitute for fixed					
	_	re. Extension cords used					
	1 .	moved immediately upon					
	1	purpose for which it was					
		ts the conditions of 10.2.4.					
		9), 10.2.4 (NFPA 99), 400-8					
		(D) (NFPA 70), TIA 12-5	17.0	020	KOOO Elestrical		02/00/2022
		on and interview, the facility ower strip was not used as a	K 0920		K920 Electrical Equipment-Power Cords and Extension CFR: NFPA 101		03/08/2023
	_	wiring in 1 of 3 dining rooms.					
		s utilities to comply with Section					
	_	uires electrical wiring and			It is the policy of the facility to maintain a Life Safety Code in accordance with CFR 483.90		
		ly with NFPA 70, National					
		11 Edition. NFPA 70, Article			standards and requirements,	and	
		unless specifically permitted,			accept this facilities, credible		
		ables shall not be used as a			allocation of compliance.		
	substitute for fixed	wiring of a structure. This			Corrective Action will includ	e:	
	deficient practice co	ould affect at least 10 resident			Facility immediately		
	and staff.				removed the toaster and		
					microwave oven from that we		
	Findings include:				plugged into power strip on th		
		00/00/031			counter in the Cedar Dining R	oom	
		ons on 02/20/23 between 12:45			On 02/20/23		
	1 ^ ^	during a tour of the facility with			2) Facility completed staff		
		rector, Maintenance Assistant			in-service to ensure that no or	ne	
		Transportation, there was a			plugs in any equipment on a		
		ave oven plugged into a power in the Cedar Dining Room.			power strip in Cedar dining ro		
	surp on the counter	in the Cedai Dilling Room.			and anywhere else in the facil	ııy	

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2023		
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT OF				STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG			DATE	
	Based on interview	at the time of observation, the			On 03/03/23			
	Maintenance Direct	or acknowledged the use of			Assurance of On-Going			
	the power strip in the	wiewed with the Maintenance enance Assistant #1 during the			Compliance:  1) Facility maintenance director or designee will compl daily rounding x 4weeks, then monthly x 3 months, then quarterly x 2, and any findings be discussed in QAPI meeting assure compliance.	will		

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