

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 12/19/22</p> <p>Facility Number: 000200 Provider Number: 155303 AIM Number: 100367980</p> <p>At this Emergency Preparedness survey, Good Samaritan Society Shakamak Retirement Community was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 60 certified beds, with a current census of 32.</p> <p>Quality Review completed on 12/20/22</p>		E 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/19/22</p> <p>Facility Number: 000200 Provider Number: 155303 AIM Number: 100367980</p> <p>At this Life Safety Code survey, Good Samaritan</p>		K 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the

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

TITLE

(X6) DATE

Deborah Davis

HFA

12/29/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2022	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0345 SS=F Bldg. 01	<p>Society Shakamak Retirement Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 60 and had a census of 32 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two garages used for facility storage and maintenance.</p> <p>Quality Review completed on 12/20/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was</p>		K 0345	<p>facility is not substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.</p> <p>Preparation and execution of this response and plan of correction does not constitute an admission</p>	12/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING  01	(X3) DATE SURVEY COMPLETED 12/19/2022	
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	<p>performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <ul style="list-style-type: none"> <li>(1) Date</li> <li>(2) Test frequency</li> <li>(3) Name of property</li> <li>(4) Address</li> <li>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</li> <li>(6) Name, address, and representative of approving agency (ies)</li> <li>(7) Designation of the detector(s) tested</li> <li>(8) Functional test of detectors</li> <li>(9)*Functional test of required sequence of operations</li> <li>(10) Check of all smoke detectors</li> <li>(11) Loop resistance for all fixed-temperature, line-type heat detectors</li> <li>(12) Functional test of mass notification system control units</li> <li>(13) Functional test of signal transmission to mass notification systems</li> <li>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</li> <li>(15) Tests of intelligibility of mass notification system speakers</li> <li>(16) Other tests as required by the equipment manufacturer's published instructions</li> <li>(17) Other tests as required by the authority having jurisdiction</li> <li>(18) Signatures of tester and approved authority representative</li> <li>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device</li> </ul>			(X5) COMPLETION DATE	
				<p>or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.</p> <p>K 345: Fire Alarm System: Testing and Maintenance</p> <p>Corrective actions: On 12/29/2022, Western States Fire &amp; Protection company conducted and properly documented a complete annual inspection of the facility's fire alarm system that was performed</p> <p>A. The report does list this inspection as a visual and functional test of all devices connected to the facility's fire alarm system (see attached)</p> <p>Other residents having the potential to be affected:</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 12/19/22 between 9:15 a.m. and 11:30 a.m. with the Maintenance Supervisor present, the facility did have quarterly fire alarm system inspection/testing documentation from its vendor which were performed on 03/24/22, 07/07/22 and 10/13/22. These inspections were listed at visual inspections of the fire alarm system devices. There was no annual fire alarm system inspection documentation available for review which included a visual inspection and functional test of all devices connected to the fire alarm system. Based on interview at the time of record review, this was confirmed by the Maintenance Supervisor.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>			<p>Residents, staff and visitors have the potential to be affected. The Maintenance Director will continue to audit aspects of the fire alarm system to assure corrections are maintained.</p> <p>Systemic changes implemented:</p> <p>The facility will assure its fire alarm system is tested and maintained in accordance with an approved program that complies with requirements stated in NFPA 72 and that documentation is all encompassed within the requirement and readily available for review.</p> <p>The Administrator and/or designee will educate Maintenance staff on importance of receiving and reviewing for proper documentation from the facility's fire alarm/sprinkler vendor, of the required annual visual and functional status of all devices connected to the facility's fire alarm system. The annual fire alarm visual and functional testing will be monitor pre-scheduled through the facility's fire alarm and protection company and added to the Tel's system and on the Maintenance and Administrators' calendars to assist in proper compliance with requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Updating of</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0353 SS=F Bldg. 01	<p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.</p> <p>Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>_____</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility</p>	K 0353	<p>the TELS preventative maintenance program will be done as deemed necessary.</p> <p>Monitoring of the corrective action:</p> <p>The Administrator or designee will conduct review audits, along with the Maintenance Director of fire alarm visual and functional quarterly and/or annual testing results the monthly audits for 3 months until QAPI committee review and deem that substantial compliance has been obtained.</p> <p>Completion date: 12/29/2022</p>	12/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:</p> <ul style="list-style-type: none"> <li>(1) The fire department connections are visible and accessible.</li> <li>(2) Couplings or swivels are not damaged and rotate smoothly.</li> <li>(3) Plugs or caps are in place and undamaged.</li> <li>(4) Gaskets are in place and in good condition.</li> <li>(5) Identification signs are in place.</li> <li>(6) The check valve is not leaking.</li> <li>(7) The automatic drain valve is in place and operating properly.</li> <li>(8) The fire department connection clapper(s) is in place and operating properly.</li> </ul> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations on 12/19/22 between 11:30 a.m. and 1:15 p.m. during a tour of the facility with the Maintenance Supervisor, the facility's fire department connection (FDC) was located at the back side of the facility on the walls outside the sprinkler riser room. There was no FDC signage provided near the fire department connection, furthermore, there was no FDC signage at the front of the facility for the responding fire department to lead them to the FDC for easy identification. Based on interview at the time of observation, this was acknowledged by the Maintenance Supervisor who agreed there should be FDC signage at various locations to help the responding fire department get to the FDC as quick as possible.</p>			<p>System Maintenance and Testing</p> <p>Corrective actions: On 12/20/2022 The Maintenance Director reached out to the Jasonville Fire Chief and discussed K 353 with him, the following was a review of their discussion see section A below</p> <p>A. On 12/20/2022 the Jasonville Fire Department was contacted and relayed to the maintenance Director that they were aware of the exact location of the fire department connection, due to the fact that it shows on their computerized blueprint of the facility, they did however relay to the Maintenance Director where they thought signage should be placed on the property, if mandated.</p> <p>B. 4 - FDC reflective signs were ordered on 12/21/2022, and temporary laminated Red FDC signage was placed in those areas, designated by the Jasonville Fire Chief at the facility leading to the fire department connections, until permanent signage is delivered the first week of January 2023.</p> <p>C. See attached Photos and proof of purchase order for signs Other residents having the potential to be affected:</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>			<p>Residents in the facility have the potential to be affected</p> <p>The Maintenance Director will do visual checks to assure signage is in place.</p> <p>Systemic changes implemented:</p> <p>The Maintenance Director will install signage in the designated areas of the facility grounds and in a location that can be readily observed, visualized by any fire or rescue department responding to a facility emergency. The facility will also ensure that the FDC signage is placed on daily rounding maintenance logs</p> <p>Updating of the TELS preventative maintenance program will be done as deemed necessary.</p> <p>Monitoring of the corrective action:</p> <p>The Administrator or designee will conduct, along with the Maintenance Director, weekly audits of daily rounding checks for FDC signage placement for 4 weeks then monthly audit for 3 months until QAPI committee review and deem that substantial compliance has been obtained</p> <p>Completion date : 12/29/2022</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155303	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2022
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
				(X5) COMPLETION DATE