STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
445170

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
11/18/2013

NAME OF PROVIDER OR SUPPLIER
GOOD SAMARITAN HEALTH AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
500 HICKORY HOLLOW TERRACE
ANTIOCH, TN 37013

(NOT TO BE COMPLETED BY THE SURVEYOR)

<table>
<thead>
<tr>
<th>K 147</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment.</td>
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<td></td>
<td>The findings included:</td>
</tr>
<tr>
<td></td>
<td>1. Observations of the laundry area on 11/18/2013 at 11:45 AM, revealed a six-inch by six-inch (6&quot; x 6&quot;) electrical junction box without any cover plate behind the dryers.</td>
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<tr>
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<td>2. Observations in the nourishment room on 11/18/2013 at 12:25 PM, revealed the electric outlet next to the sink was not a Ground Fault Circuit Interrupter.</td>
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<td>These findings were acknowledged by the Administrator and verified by the Maintenance Director. The maintenance staff were able to correct the deficiencies prior to the exit conference on 11/18/2013.</td>
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K 147

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

| November 18, 2013 |
| Detail how facility will correct deficiency as it relates to the individual(s) i.e., corrective action plan. |
| The facility immediately installed a cover plate on the (6" x 6") electrical junction box located behind the dryers. |
| Describe how facility will identify and act to protect other residents in similar situations. |
| Immediately, in-services were given to staff regarding the necessity and regulatory requirement for all electrical junction boxes to have cover plates installed on them. |

LABORATORY DIRECTOR & OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(12/14/13)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient(s). (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
GOOD SAMARITAN HEALTH AND REHAB CENTER

K 147
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment.

The findings included:

1. Observations of the laundry area on 11/18/2013 at 11:45 AM, revealed a six-inch by six-inch (6" x 6") electrical junction box without any cover plate behind the dryers.

2. Observations in the nourishment room on 11/18/2013 at 12:25 PM, revealed the electric outlet next to the sink was not a Ground Fault Circuit Interrupter.

These findings were acknowledged by the Administrator and verified by the Maintenance Director. The maintenance staff were able to correct the deficiencies prior to the exit conference on 11/18/2013.

Indicate what measure facility will take or systems it will alter to ensure problem does not recur.

The Maintenance Staff will make daily rounds to ensure all electrical junction boxes have cover plates installed over them.

Any problems/concerns related to this issue will be monitored by the Maintenance Supervisor daily. Findings will be reported to IDT members during daily QA meeting.

The Administrator will also monitor weekly for compliance.

Time frame for completion reasonable.

The electrical box cover plates were installed November 18, 2013. Completed.

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

DEK 4 2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are dislosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are dislosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 445170

(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 11/18/2013

NAME OF PROVIDER OR SUPPLIER
GOOD SAMARITAN HEALTH AND REHAB CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE
500 HICKORY HOLLOW TERRACE
ANTIOCH, TN 37013

(X4) ID PREFIX TAG K 147

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

K 147
NFPA 101 LIFE SAFETY CODE STANDARD
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the electrical equipment.

The findings included:

1. Observations of the laundry area on 11/18/2013 at 11:45 AM, revealed a six-inch by six-inch (6” x 6”) electrical junction box without any cover plate behind the dryers.

2. Observations in the nourishment room on 11/18/2013 at 12:25 PM, revealed the electric outlet next to the sink was not a Ground Fault Circuit Interrupter.

These findings were acknowledged by the Administrator and verified by the Maintenance Director. The maintenance staff were able to correct the deficiencies prior to the exit conference on 11/18/2013.

PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

K 147

Detail how facility will correct deficiency as it relates to the individual(s) i.e., corrective action plan.

The facility immediately installed a Ground Fault Circuit Interrupter at the electric outlet located in the nourishment room.

Describe how facility will identify and act to protect other residents in similar situations.

Immediately, in-services were given to staff regarding the necessity and regulatory requirement for Ground Fault Circuit interrupters to be installed at outlets in wet areas.

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

ADMINISTRATOR

(TITLE)

(DEC 04 2013)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-96) Previous Versions Obsolete
Event ID: 0NGW24
Facility ID: TN1903
If continuation sheet Page 1 of 1
GOOD SAMARITAN HEALTH AND REHAB CENTER

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These findings were acknowledged by the Administrator and verified by the Maintenance Director. The maintenance staff were able to correct the deficiencies prior to the exit conference on 11/18/2013.

Indicate what measure facility will take or systems it will alter to ensure problem does not recur.

The Maintenance Staff will make daily rounds to ensure that Ground Fault Circuit Interrupters will be installed at outlets in wet areas.

Any problems/concerns related to this issue will be monitored by the Maintenance Supervisor daily. Findings will be reported to IDT members during daily QA meeting.

The Administrator will also monitor weekly for compliance.
### Summary Statement of Deficiencies

<table>
<thead>
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<th>Description</th>
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#### Electrical Wiring and Equipment

- Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2.

#### Findings

- Based on observations, it was determined the facility failed to maintain the electrical equipment.

- **1.** Observations of the laundry area on 11/18/2013 at 11:45 AM, revealed a six-inch by six-inch (6"x6") electrical junction box without any cover plate behind the dryers.

- **2.** Observations in the nourishment room on 11/18/2013 at 12:25 PM, revealed the electric outlet next to the sink was not a Ground Fault Circuit Interrupter.

- These findings were acknowledged by the Administrator and verified by the Maintenance Director. The maintenance staff were able to correct the deficiencies prior to the exit conference on 11/18/2013.

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**Time frame for completion reasonable.**

The Ground Fault Circuit Interrupter was installed at the outlet located in the Nourishment Room November 18, 2013. Completed.

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**RECEIVED**

**DEC 04 2013**

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

**Administra**

**12/02/13**