STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355113	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/25/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - ARTHUR	**150 COUNTY RD 34 ARTHUR, ND 58006**

(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 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a).The findings that follow demonstrate noncompliance with these standards. The facility is located in a one-story building of Type V (000) construction that is protected throughout with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. 1) A two-hour fire resistance rated barrier provides separation to a building used for ancillary support; including offices, storage, and a day care center. 2) A two-hour fire resistance rated barrier provides separation to a building housing assisted living apartments.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	The deficiency K029 correction was accomplished by sealing around the wall penetration with red fire caulk by Jess Seely. For the deficiency K029 we are implementing the practice of working alongside contractors and double checking after work is completed in the center so that we are certain that they did not penetrate a wall without properly sealing the opening. For the deficiency K029 we will double check that contractors properly seal penetrations after they complete their work as well as surveying the building for current issue areas. Deficiency K029 and K147 will be added to the monthly agenda at our Safety meetings so that we continue to keep these new practices in place. K029 was corrected on 2/25/2014 by sealing the wall penetration with fire caulk.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3-5-14

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.

emailed 3-6-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355113	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - ARTHUR	150 COUNTY RD 34 ARTHUR, ND 58006

(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 029	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure hazardous areas were separated from other spaces by smoke resisting partitions and doors. Observation determined a plastic pipe penetrating through the wall from the Middle Mechanical Room was not sealed around the outside of the pipe to resist the passage of smoke through the wall. The Middle Mechanical Room housed fuel-fired water heaters.	K 029		
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: The facility failed to ensure electrical wiring and electrical equipment comply with NFPA 70, National Electrical Code. Flexible cords and cables must not be used as a substitute for fixed wiring of a structure. NFPA 70, National Electrical Code, 400-8 Observation determined the facility was using flexible cords as a substitute for fixed wiring. 1) A power strip was used to power a lamp and other items in Resident Room 208. 2) A power strip was used to power a refrigerator in Resident Room 210.	K 147	The deficiency K147 was corrected by installing permanently hard wired four plug receptacles so that the need for strip outlets will become obsolete. Room 208 and room 210 both have had four plug outlets installed post inspection and are now currently only using a strip outlet on the T.V. and Cable box. For the deficiency K147 we will be changing all two plug outlets to hardwired four plug outlets as we transition from one resident in a room to another. For the deficiency K147 we are implementing a monthly inspection for the entire facility to ensure that no new strip outlets are in use. This inspection will be completed by Jess Seely and submitted to Adam Bode so that he can present the findings at monthly Safety Committee meetings. Deficiency K029 and K147 will be added to the monthly agenda at our Safety meetings so that we continue to keep these new practices in place. K147 was corrected on 3/5/2014 by installing hard wired four plug outlets in Rooms 208 and 210.	