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	**12/16/2014**

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 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Ref: NFPA 110, 6-3.5	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 12/23/14

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.

12-29-14

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 _____	**12/16/2014**

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

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K 130	Continued From page 1 Based on record review, the facility failed to provide evidence of an annual maintenance program for the transfer switch. Failure to maintain transfer switches increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) transfer switch.	K 130		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The facility failed to ensure the emergency	K 144		

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 _____	**12/16/2014**

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 144	Continued From page 2 generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined there was no remote stop switch for the generator located external to the weatherproof enclosure. The generator was located outside the building. Failure to ensure the emergency generator is in compliance with NFPA 110, Standard for Emergency and Standby Power Systems, increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator for the nursing home. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 1999 NFPA 110 Section 3-5.5.6	K 144		

Good Samaritan Society®
Arthur

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Arthur ND 58006-4100

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Good Samaritan Society Arthur Plan of Correction

Life Safety Inspection 12/16/14

1.) How the corrective action will be accomplished.

The deficiencies found on the 12/16/14 will be corrected and completed by Jess Seely, EVS director.

The deficiency K130 will be corrected by implementing an annual transfer switch inspection through Butler Machinery, as well as adjusting monthly inspections to properly incorporate the required visual inspection.

The deficiency K144 will be corrected by setting up an appointment with Butler Machinery to have an emergency stop switch mounted to the outside of the generator enclosure.

2.) How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice.

As the facility only has one generator and one transfer switch, the listed corrective action should eliminate any reoccurrence of the deficiencies K130 and K144.

3.) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

For the deficiency K130, an annual transfer switch inspection through Butler Machinery will be implemented, as well as training any staff that inspects the generator to visually inspect the transfer switch and document findings monthly.

For the deficiency K144, Butler Machinery will be called to install an emergency stop switch to the generator enclosure.

4.) How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.

For the deficiency K130, the maintenance department will receive up to date training on transfer switch inspections and will submit monthly documentation to Jess Seely.

For the deficiency K144, Butler Machinery will inspect the emergency stop switch they install during their quarterly and annual visits. Also, the switch will be visually inspected during weekly and monthly maintenance.

5.) Dates when the corrective actions will be completed. These dates must be acceptable to the department. Corrections must be completed within forty-five days of the survey completion date or January 30, 2015 unless an alternative schedule of correction is accepted by the department.

Butler Machinery will be here to install the emergency stop switch to correct deficiency K144, and perform an annual inspection of the transfer switch to correct deficiency K130 during the week of 1/5/2015 through 1/9/2015.