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 _____	**02/24/2016**

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 was located in a one-story building of Type V (000) construction that was 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 attached to the east side of the nursing facility 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 attached to the northwest side of the nursing facility housing assisted living apartments.	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures	K 038	1. The two egress door locks have new magnetic locks installed and each has a new sign posted on each door indicating a 15 second wait in the event of an emergency have been placed on both new door. 2. The center has elected to use the waiver S&C: 13-58-LS for other egress doors that exit to the outside. The entire	4/9/16

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

Electronically Signed | 03/04/2016

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K 038	Continued From page 1 for their safety, provided that staff can readily unlock such doors at all times. (See 19.1.1.1.5 and 19.2.2.2.5.) Exception No. 2*: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. 1) The facility failed to ensure not more than one delayed-egress locking device was installed on more than one door located in any egress path. Observation determined the egress path from the center core of the building traveling west had a double set of cross corridor doors which had a magnetic locking device on the doors. The exit door leaving the building at the southwest end of the corridor also had a delayed egress locking device on the door which leads to the public way. 2) The facility failed to ensure exit access was readily accessible at all times. Observation determined the double set of cross corridor doors located at the west end of the center corridor near the Activity Room had magnetic locking devices on the doors that were not equipped with delayed egress feature. The doors locked with a wander-guard system with a keypad over-ride. Failure to ensure locking devices on doors in the paths of egress complied with these requirements increases the risk of injury and death due to fire. This deficiency affected one (1) of five (5) paths	K 038	facility has the potential to be affected in this citation. . 3. System change: The checking of the two double locking doors has been placed on a monthly inspection checklist. 4. An audit has been developed to monitor the proper locking of the two double lock doors in the facility. The audit is going to be completed two times per week for four week, then monthly for two months. The audit results will be reported to the QA committee for further recommendations. 5. April 9, 2016	

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K 038	Continued From page 2 of egress from the building.	K 038		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Night Shift fire drill during the first quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 050	1. A fire dill on the night shift was completed on March 3, 2016. 2. The entire facility may be affected by missing a monthly fire drill. 3. System change: The TELS tracking systems for fire drill dates was updated to trigger monthly, schedule includes a rotation on each of three 8 hour shifts. The schedule is currently set to trigger the month and shift for fire drills on the TELS system. Current fire drill schedule set in TELS is scheduled for a night shift fire drill in March, day shift in April, and for the evening shift in May. 4. An audit will be created and completed by the administrator, or designee, to monitor the monthly fire drills and shift rotation. The audit will be completed monthly for six months. The audit results will be reported to the QA committee for further recommendations.	4/9/16

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