STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A BUILDING 01 - MAIN BUILDING 01 B WING _____	08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BOTTINEAU	725 E 10TH ST BOTTINEAU, ND 58318

(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 42CFR 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 by a wet automatic fire sprinkler system designed in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	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 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of five (5) hazardous areas was separated from other spaces with smoke resisting partitions. Observation determined the presence of unsealed spaces adjacent to the combustion air duct penetration through the ceiling into the attic of the Laundry.	K 029	1. The unsealed spaces adjacent to the combustion air duct penetration through the ceiling into the attic of the laundry have been sealed. (see attached picture) 2. Checking for unsealed spaces will be added to the monthly maintenance checklist. In addition, whenever there are contracted workers here to add or change cabling etc. areas will be checked for unsealed penetrations after the contracted workers have left. 3. QA will audit the maintenance checklist monthly for 3 months and then on a quarterly basis to ensure that unsealed spaces are being routinely checked. 4. QA audit of the maintenance checklist will be reviewed at our monthly QA meeting. 8-31-2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Valerie A. Eide	Administrator	8-23-12

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.

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K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system and all initiating components were tested in accordance with the requirements of NFPA 72, National Fire Alarm Code. Records review determined testing of the following devices by the outside contractor was not documented:	K 051	1. The fire alarm system and all initiating components **WERE** tested by maintenance staff on a quarterly basis. (see attached documentation). We have contacted our contractors about documenting their testing of our fire alarm system in the future in accordance with NFPA 72. 2. All contracted services will be checked to ensure that they are following regulations. 3. QA will audit the fire alarm testing on a quarterly basis to ensure that the fire alarm system and all initiating components were tested in accordance with NFPA 72. 4. QA audit of the fire alarm testing will be reviewed at our monthly QA meeting. 8-31-2012	

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K 051	Continued From page 2 1) The circuit for the automatic sprinkler system flow alarm device. 2) The circuit for the automatic sprinkler system tamper switch.	K 051		