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 _____	**05/23/2017**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Health care facilities shall be protected	K 351	1) The corrective action will be	7/7/17

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

Electronically Signed | 06/03/2017

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K 351	Continued From page 1 throughout by an approved, supervised automatic fire sprinkler system. 19.3.5.3, 19.3.5.4, 9.7.1.1(1), NFPA 13 The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Observation determined the sprinkler in the walk-in cooler located in the Kitchen was of intermediate-temperature classification. The walk-in cooler was not equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be ordinary-temperature classification in walk-in freezers and walk-in coolers without an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	accomplished by replacing the sprinkler head with the correct sprinkler head for the walk-in cooler type. 2)No other areas of the facility are affected as this is the only walk-in cooler. 3) Convergent Technologies maintains and supports our sprinkler system. They will be notified that this walk-in cooler is not equipped with an automatic defrosting system feature. 4) Sprinkler Inspection sheets will be updated with documentation of the correct sprinkler head placed so that any future questioning of sprinkler head type can be referenced. If the equipment is ever replaced, details will be evaluated to ensure proper sprinkler head is installed per NFPA Guidelines in place at that time.	
K 355 SS=D	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10	K 355	1) All fire extinguishers will be inspected monthly with inspections documented on the fire extinguisher documentation tag. 2) All areas of the facilities are affected.	7/7/17

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K 355	Continued From page 2 7.2.1.1, 7.2.1.2 The facility failed to inspect portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the inspection tag on the Class K fire extinguisher located in the Kitchen had not been initialed to indicate a monthly inspection during February, March and April 2017. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	3) Maintenance Department inspects and documents all fire extinguishers in the facility monthly. Maintenance Dept will devise a document that lists all fire extinguisher locations in the facility, make copies of this document, and use it during their inspection process each month. The document will ensure all fire extinguishers are checked as maintenance personnel will check off the fire extinguisher location after it is checked and documentation done on tag. This ensures that if they are distracted from their inspection task they will know which extinguishers have been inspected and where to pick up with the task so that no fire extinguisher is missed during the monthly fire extinguisher inspection going forth. 4) All departments will audit fire extinguisher tags located in their department 1x monthly for 3 months to ensure that the Maintenance Department inspections are documented monthly. All audits and Maintenance Check Off List will be reviewed at the monthly QAPI Committee meeting to are has been inspected.	
K 712 SS=E	NFPA 101 Fire Drills Fire Drills 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	K 712		7/7/17

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K 712	Continued From page 3 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. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 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. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No fire drills were conducted on the PM Shift during the fourth quarter of 2016. 2) No fire drills were conducted on the Night Shift during the fourth quarter of 2016. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 712	1) Fire drills are conducted monthly, are conducted on the different shifts from month to month so all shifts are covered in a quarter, are held at various times for that shift, and different scenarios are presented at the monthly drill to comply with K712. Documentation of each fire drill is done using the facility fire drill form. 2) All areas of the facility are potentially affected. 3) To ensure future drills are documented when held, the Maintenance Department will submit all drills for administrative or designee review which will be audited after permanent filing to ensure they will be ready to retrieve when needed. 4) Administrative review will be done at least 1x monthly for 6 months. Auditing will include ensuring the monthly drill is done, quarter requirements are met for compliance with K712, and drill forms are filed for easy retrieval for review. All audits will be reviewed by QAPI Committee.	