STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355111	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - CROSBY	705 SE 4TH ST CROSBY, ND 58730

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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 facility is located in a one-story building of Type V (000) construction that is protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and smoke detection throughout the corridor system.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of two (2) smoke barriers was at least one-half hour fire resistant and smoke resistant. Observation determined: 1) One air duct, low-voltage wiring, sprinkler pipe, and electrical conduit penetrations above the cross corridor doors of the north smoke barrier	K 025	K025 Part 1) Penetrations through smoke barrier above the cross corridor doors of the North smoke barrier wall will be sealed with fire caulking. 2) Our other smoker barrier wall was examined and found to have no unfilled penetrations through it. 3) After any electrical, telephone, computer or other wires are installed by outside vendors, our plant manager or designee will inspect the smoke barrier wall for unsealed penetrations 4) After any electrical, telephone, computer or other wires are installed by outside vendors, our plant manager or designee will inspect the smoke barrier wall for unsealed penetrations.. 5) Correction date April 30, 2010. K025 Part II 1) The section of gypsum board missing from above the cross corridor doors of the north smoke barrier (north side of the wall) will be put in place. 2) NA 3) Missing piece of gypsum board will be put in place by a qualified building contractor. Procedure will ensure that the deficient practice will not recur. 4) Once the missing piece of gypsum board is put in place, the deficient practice will not recur. 5) Correction date April 30, 2010	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Elaene Heide	Administrator	3-26-10

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 ays 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 025	Continued From page 1 (north side of the wall) were not sealed with fire caulking installed in accordance with the manufacturer's UL listing. 2) A section of gypsum board was missing above the cross corridor doors of the north smoke barrier (north side of the wall).	K 025		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 Note: CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. Observation determined three (3) of the nine (9) exterior exits were illuminated with light fixtures with a single bulb high pressure sodium light fixture without quick strike capabilities. The exterior exit discharge from the service corridor (east end of building), Dining Room, and Physical Therapy were illuminated with single bulb high	K 045		

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K 045	Continued From page 2 pressure sodium light fixtures that were not equipped with quick strike capabilities.	K 045	K045 Exterior lighting 1) The three exits not having the required light fixtures will be equipped with fixtures with a single long-life bulb with quick strike capabilities or fixtures that have two bulbs. 2) All other exits have required fixtures. 3) Once the fixtures are replaced with fixtures that have required capabilities this will not recur. 4) Once the fixtures are replaced with fixtures that have required capabilities this will not recur. 5) Correction date April 30, 2010	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. Sprinkler record review determined the facility failed to conduct an annual test and maintenance of the sprinkler system during 2009.	K 062	K062 Four quarterly tests were done but no annual test of sprinkler system was done. 1) An annual test of the automatic sprinkler system will be completed by our sprinkler management company. 2) NA 3) ESS or designee will assure that the sprinkler company will complete the requirement to do an annual test when scheduled. 4) The ESS or designee will review the documentation from each visit of the sprinkler management company to ensure that the annual test is completed when scheduled. See attachment K062. 5) Completion date April 15, 2010.	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 3 This STANDARD is not met as evidenced by: 1) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests and the 1 1/2-hour continuous annual test of the battery-powered lighting located in the Generator Building. 2) 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. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch. 3) Operating procedures for ventilation control and fire protection of commercial cooking hoods: * Exhaust systems must be operated whenever cooking equipment is turned on. * Filter-equipped exhaust systems must not be	K 130	K130 Part I 1) Testing on our battery-powered emergency lighting system will be done monthly for 30 seconds and documented and annual testing on battery-powered emergency lighting systems will be completed for 90 minutes and documented. See attachment K130A 2) NA 3) Environmental services supervisor or designee will audit documentation of tests monthly for three months and quarterly after that. See attachment K130B 4) Results of audit will be reported to the monthly QA committee for the first three months, and quarterly after that. 5) Completion date April 30, 2010 K130 Part II 1) Documentation of monthly transfer switch maintenance will be completed. See attachment K130 C 2) NA Only one transfer switch. 3) The environmental services supervisor or designee will audit completion of documentation on transfer switch maintenance. See attachment K130 D. 4) Results of audit will be reported to the monthly QA committee monthly for the first three months and quarterly after that. 5) Completion date April 30, 2010.	

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K 130	Continued From page 4 operated with filters removed. * Openings provided for replacing air exhausted through ventilating equipment must not be restricted by covers, dampers, or any other means that would reduce the operating efficiency of the exhaust system. * Instructions for manually operating the fire-extinguishing system must be posted conspicuously in the kitchen and must be reviewed with employees by the management. * Listed exhaust hoods must be operated in accordance with the terms of their listings and the manufacturer's instructions. * Cooking equipment must not be operated while its fire-extinguishing system or exhaust system is nonoperational or otherwise impaired. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 11.1 The facility failed to train staff and post instructions for manually operating the commercial hood fire-extinguishing system in a conspicuous location. a) Observation indicated the operating instructions for the commercial hood fire extinguishing system were not posted in a conspicuous location. b) Interview of a kitchen staff member indicated no training had been provided on the operation of the system.	K 130	K130 Part III a. 1) Clear written instructions on use of operating the hood fire-extinguishing system have been posted in a conspicuous location in the cooking area. 2) NA 3) Once the clear written instructions have been posted in the cooking area, this deficiency will not recur. 4) Once the clear written instructions have been posted in the cooking area, this deficiency will not recur. 5) Correction date March 29, 2010 K130 Part III b. 1) Training will be provided to kitchen staff on operation of the system. 2) There is no other portion of the building with the potential for this practice. 3) The dietary manager will provide training at the department meeting on proper use of the extinguishing system. 4) Training will be repeated annually with current staff and all new staff will be orientated on proper operation of fire extinguishing system. 5) Correction date: March 29, 2010	
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.	K 144	K144 1) Generator will be inspected on a weekly basis and exercised under load for 30 minutes monthly. See attachment K144A & K144B. 2) NA 3) Plant manager or designee will document weekly inspection and monthly run of generator under load for 30 minutes. 4) ESS or designee will audit documentation monthly for three months and report results to monthly QA committee. See attachment K144C. 5) Completion date: April 19, 2010	

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: The facility failed to inspect the generator on a weekly basis and exercise the emergency generator under load for 30 minutes monthly. Generator test records did not verify the generator was inspected weekly and was tested monthly for 30 minutes under load during January, February, March, April, May, June, July, November, and December of 2009 and January and February of 2010.	K 144		
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 met NFPA 70 requirements. Observation determined the electrical outlet on the north side of the sink basin in the Hair Care Room was not Ground Fault Circuit Interrupter (GFCI) protected.	K 147	K147 1) Proper GFCI outlet in hair care room was installed. 2) Plant manager walked throughout building to check all outlets near water sources to assure that they are all GFCI outlets. 3) Proper GFCI outlet has been placed in hair care room and all other locations where needed were checked and found to have proper outlet. 4) All locations in building where GFCI outlet is needed currently have proper outlet and annual inspection will be completed by plant manager. See Attachment K147. 5) March 22, 2010.	