DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2011
FORM APPROVED
OMB NO. 0938-0391

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 _____	05/09/2011

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

(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 requirements. 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 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3	K 074	K074 1. Unprotected curtains/drapes removed from windows, treated with flame resistant product and labeled appropriately. 2. All other curtains in facility are purchased with flame resistant product already on them. 3. Will be closely monitored by maintenance staff and any new draperies will be checked for fire resistance. 4. When a new resident comes in or new drapes/curtains are put in, the Environmental Service Director will audit to see the items meet the fire protection standards. 5. Correction date: May 23, 2011.	

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

Administrator — 5-23-11

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 074	Continued From page 1 This STANDARD is not met as evidenced by: Laundered curtains and loosely hanging fabrics must meet the requirements of flame resistant in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. Review of documentation determined the facility failed to ensure that loosely hanging fabrics were flame resistant. The facility failed to provide flame resistant documentation for the new drapes in the Dining Room.	K 074	K154 1. Fire Watch policy was inserted into Survey Documentation Manual. See attached. Environmental Service Director and Maintenance Supervisor will see that the fire watch is implemented when needed. If neither are present, Fire Call list will be used to alert Administrator. 2. NA 3. Fire Call list will be used and placed at nurses' station. Call list has the order in which employees should be contacted and will be used to alert the Administrator and Environmental Services Director. E.S. Director will be in charge of implementing a Fire Watch. Department heads educated 5/23/11, Nurses educated 5/24/11. 4. Administrator will oversee that Fire Watch is being implemented when the need arises. E.S. Director educated and will implement Fire Watch when required. 5. Correction Date: May 24, 2011.	
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: The facility failed to provide emergency procedures for when the automatic sprinkler system is out of service for more than 4 hours. The emergency procedures manual for the facility did not include any information detailing when and how the facility would contact the State Survey Agency and implement a fire watch, including how the fire watch would be conducted, in the event that the automatic sprinkler system was out of service for 4 hours or more.	K 154		

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K 154	Continued From page 2 Interview with staff revealed there was no water pressure to the facility during a recent blizzard. The City of Crosby lost power for three days and did not have an emergency generator at the water plant. During this time, the facility failed to implement emergency procedures to temporarily substitute for the lack of a functioning automatic sprinkler system.	K 154		
K 155 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: The facility failed to provide emergency procedures for when the fire alarm system is out of service for more than 4 hours. The emergency procedures manual for the facility did not include any information detailing when and how the facility would contact the State Survey Agency and implement a fire watch, including how the fire watch would be conducted, in the event that the fire alarm system was out of service for 4 hours or more.	K 155	K155 1. Fire Watch policy was inserted into Survey Documentation Manual. See attached. Environmental Service Director and Maintenance Supervisor will see that fire watch is implemented when needed. If neither are present, Fire Call list will be used to alert Administrator. 2. NA 3. Fire Call list will be used and placed at nurses' station. Call list has the order in which employees should be contacted and will be used to alert Administrator and Env. Services Director. E.S. Director will be in charge of implementing a Fire Watch. Department heads educated 5/23/11, Nurses educated 5/24/11. 4. Administrator will oversee that Fire Watch is being implemented when the need arises. E.S. Director educated and will implement Fire Watch when required. 5. Correction Date: May 24, 2011.	