

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

PRINTED: 05/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355104		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2019	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LAKOTA				STREET ADDRESS, CITY, STATE, ZIP CODE 608 4TH AVE SW LAKOTA, ND 58344			
(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			K 000			
K 324 SS=D	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 III (211) construction with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through			K 324			2/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/29/2019

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 324	Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. The facility failed to test and service the fire-extinguishing system serving the Kitchen exhaust hood in accordance with NFPA 96. Review of documentation determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected on 12/21/2017 and 08/29/18 by an outside company, exceeding the required 6 months testing requirement. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood at required intervals increases the risk of injury or death due to fire. This deficiency affected one (1) of two (2) required inspections of the Kitchen exhaust hood	K 324	1. The facility's contracted fire protection company came to the facility on January 23, 2019, and performed a Kitchen Hood Inspection Report, which included a check of fire-extinguishing system serving the kitchen exhaust hood. 2. Although there is only one kitchen hood suppression system in the building, the facility maintenance staff will conduct a review of the kitchen hood every six months and ensure our contracted fire protection company does, as well. 3. The facility maintenance staff shall insert a six-month task in the TELS system that includes the inspection of the kitchen hood suppression system. Documentation of any inspections of kitchen hoods will be noted in TELS. 4. The facility maintenance staff will implement a six-month calendar reminder as well as tracking through the Keyes Life Safety website in order to prevent the deficient practice from recurring. 5. This corrective action will be completed on or before February 15, 2019.		

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K 324	Continued From page 2	K 324			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated: 1) The annual test of the fire alarm system was not performed as required. The most current fire	K 345	1. The facility maintenance staff will contact our contracted fire protection company and ensure they plan to test both the fire alarm system and battery load voltage within the required time constraints. 2. The facility maintenance staff will conduct a review of the fire alarm system every twelve months and a review of the battery load voltage test every six months and ensure the fire protection company does, as well. 3. The facility maintenance staff shall insert a six-month and twelve-month task in the TELS system that includes the inspection the fire alarm system and battery load voltage test. Documentation of any inspections of fire alarm systems or battery load voltage tests will be noted in TELS. 4. The facility maintenance staff will implement a twelve-month and six-month calendar reminder as well as tracking	2/15/19	

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K 345	Continued From page 3 alarm system annual test was conducted on 12/18/18 and the previous test was conducted on 11/27/17, exceeding the required annual testing requirement. 2) The semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 07/31/17 and 12/18/18. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected the entire fire alarm system. The fire alarm system serves the entire facility.	K 345	through the Keyes Life Safety website in order to prevent the deficient practice from recurring. 5. This corrective action will be completed on or before February 15, 2019.		