STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355104	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/27/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - LAKOTA	**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 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.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1.	K 211	1) The Director of Environmental Services or designee will implement a fire door rating inspection checklist annually as soon as possible. 2) All fire rated doors in the facility will be inspected annually and therefore no other areas will be affected. 3) The Director of Environmental Services or designee obtained the proper checklist in which to inspect the fire doors annually. This checklist will be maintained	3/12/20

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

Electronically Signed | 02/05/2020

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K 211	Continued From page 1 Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected numerous fire rated door assemblies throughout the facility.	K 211	annually and a reminder for this annual inspection will be placed in TELS. 4) The Director of Environmental Services or designee will determine which doors throughout the facility must be fire rated and to what times and will ensure all applicable doors that must be inspected are inspected annually. A reminder of this will be placed in TELS as well as calendar reminder. 5) The corrective action will be completed by March 12, 2020.	
K 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually	K 291	1) The Director of Environmental Services or designee will ensure the emergency lighting monthly and annual checks are performed in a timely manner. 2) Other portions of the facility will not be affected because the correction will include all portions of the facility. 3) The Director of Environmental Services or designee will place emergency lighting monthly and annual checks into TELS to ensure the checks	3/12/20

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K 291	Continued From page 2 for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during the months of July, August and September 2019. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	are performed in a timely manner. 4) The Director of Environmental Services or designee will place emergency lighting monthly and annual checks as a calendar reminder to ensure the checks are performed in a timely manner. 5) The corrective action will be completed by March 12, 2020.	
K 324 SS=D	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	K 324		3/12/20

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K 324	Continued From page 3 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 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. Automatic wet chemical fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and NFPA 17A, Standard for Wet Chemical Extinguishing Systems. 19.3.2.5.1, 9.2.3, NFPA 96 10.2.6(4). The facility failed to maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A. The following parts of wet chemical extinguishing systems shall be subjected to a hydrostatic pressure test at intervals not exceeding 12 years: (1) Wet chemical containers (2) Auxiliary pressure containers (3) Hose assemblies	K 324	1) The Director of Environmental Services or designee will replace the 2006 wet chemical extinguishing system cartridges as soon as possible. 2) The only wet chemical extinguishing system cartridges will be pressure tested every 12 years; no other systems exist in the building. 3) The Director of Environmental Services or designee will place a 12 year pressure testing of the cartridges reminder into TELS to ensure the checks are performed in a timely manner. 4) The Director of Environmental Services or designee will place a 12 year pressure testing of the cartridges as a calendar reminder to ensure the checks are performed in a timely manner. 5) The corrective action will be completed by March 12, 2020.	

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K 324	Continued From page 4 NFPA 17A 7.5.1 Review of documentation and interview with staff determined the hydrostatic pressure tests of the wet chemical extinguishing system cartridges were last conducted during 2006 exceeding the 12-year testing requirement. Failure to maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 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)	K 351		3/12/20

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K 351	Continued From page 5 This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Observation determined one (1) sprinkler in the Garage installed between 7 ft. and 20 ft. on the discharge side of a horizontal discharge unit heater was not intermediate-temperature-rated. The deficiency affected one (1) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	1) The fire protection agency designated by the facility will replace the current sprinkler head with an intermediate-temperature rated head as soon as possible. 2) The Director of Environmental Services or designee will ensure that the rest of the facility is in compliance with K351 and will notify our fire protection agency of this deficient practice. 3) The Director of Environmental Services or designee will place a annual preventative maintenance check in TELS to ensure that any sprinkler heads in high temperature areas are intermediate-temperature rated. In addition, when any new heaters are installed, the Director of Environmental Services or designee will ensure that any sprinkler within the affected cylinder zone are intermediate-temperature rated. 4) The Director of Environmental Services or designee will place a annual preventative maintenance check as a calendar reminder to ensure that any sprinkler heads in high temperature areas are intermediate-temperature rated. In addition, when any new heaters are installed, the Director of Environmental Services or designee will ensure that any sprinkler within the affected cylinder zone are intermediate-temperature rated. 5) The corrective action will be completed by March 12, 2020.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		3/12/20

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K 353	Continued From page 6 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25.	K 353	1) The Director of Environmental Services or designee will ensure that monthly testing of the sprinkler system gauges and valves in the entire facility are completed as soon as possible. 2) Other portions of the facility will not be affected because the correction will include all portions of the facility. 3) The Director of Environmental Services or designee will place a monthly preventative maintenance check in TELS to ensure that any gauges and valves of sprinkler heads are checked. 4) The Director of Environmental Services or designee will place a monthly calendar reminder to ensure that any	

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K 353	Continued From page 7 Record review and interview with staff determined the control valves and gauges of the automatic sprinkler system had not been inspected monthly. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	gauges and valves of sprinkler heads are checked. 5) The corrective action will be completed by March 12, 2020.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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 routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) Fire drills did not include the simulation of an emergency phone call to the fire department. 2) Night Shift fire drills did not include activating	K 712	1) The Director of Environmental Services or designee will ensure that all fire drills are conducted which will include the fire alarm system activation, simulation of fire department call, and staff will conduct an actual drill. 2) Other portions of the facility will not be affected because the correction will include all portions of the facility.	3/12/20

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K 712	Continued From page 8 the fire alarm system to transmit a fire alarm signal. 3) Night Shift fire drills did not include simulation of emergency fire conditions. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected twelve (12) of twelve (12) drills in the past year.	K 712	3) The Director of Environmental Services or designee will educate the staff on fire drills, which will include fire alarm system activation, simulation of fire department call, and conducting an actual drill. The form for fire drills will also be changed to include a portion to document that 911 was called (or simulated to call). 4) The Director of Environmental Services or designee will be present at every fire drill to ensure all required parts of the drill occur. 5) The corrective action will be completed by March 12, 2020.	