STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355104	A. BUILDING **01** B. WING _____	**03/14/2022**

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
E 000	Initial Comments A recertification survey conducted on 03/14/2022 found Good Samaritan Society - Lakota in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
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=E	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: The facility failed to maintain the means of egress in accordance with Chapter 7.	K 211	1) The means of egress on all exit locations were cleared of snow on March 14, 2022.	4/28/22

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

Electronically Signed | 03/17/2022

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K 211	Continued From page 1 Observation determined not all sidewalks to the public way from the exterior exits in the facility had been cleared of snow after recent snow fall events. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from six (6) of seven (7) exterior exits from the facility.	K 211	2) All areas of the facility have the potential to be affected by the same deficient practice. 3) Education will be provided by April 28, 2022 to maintenance staff on the priority of ensuring all aisles, passageways, corridors, exit discharges, exit locations and accesses are cleared. 4) The Supervisor of Ancillary Services or designee will audit all exit locations to ensure they are cleared of any obstruction. These audits will be done at the following frequencies and durations – weekly for one month, every other week for two months, and once a month for three months. 5) The corrective action will be completed by April 28, 2022.	
K 324 SS=E	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	K 324		4/28/22

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K 324	Continued From page 2 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. 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. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected and serviced on 11/22/2021 by an outside company. No other record was available in the past year. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood at required intervals increases the risk of	K 324	1) The corrective action cannot be accomplished until May 21, 2022, as the last kitchen hood inspection was completed November 22, 2021. 2) The only area of the facility which has the potential to be affected by this deficient practice is the kitchen hood in the kitchen. 3) Education will be provided to the contracted Fire Protection Agency and the Supervisor of Ancillary Services or designee by April 28, 2022 on the importance of timely, semi-annual kitchen hood inspections. A calendar reminder will be placed in the Supervisor of Ancillary Services or designee's calendar to remind the facility of upcoming semi-annual kitchen hood inspections. 4) The Supervisor of Ancillary Services or designee will audit the kitchen hood inspections to ensure they are being done in a timely manner. An audit will be completed by May 1, 2022 to ensure an appointment has been made for timely service of the kitchen hood. An audit will be completed by May 23, 2022 to ensure the kitchen hood inspection has been	

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K 324	Continued From page 3 injury or death due to fire. This deficiency affected one (1) of two (2) required inspections of the Kitchen exhaust hood fire-extinguishing system in the past year.	K 324	completed. 5) The corrective action will be completed by April 28, 2022.	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 12/16/2019 and the previous test was conducted on 01/07/2017	K 347	1) The corrective action will be to administer sensitivity testing as soon as possible based on the availability of the fire protection agency. 2) All portions of the facility have the potential to be affected by this same deficient practice. 3) Education will be provided to the contracted Fire Protection Agency and the Supervisor of Ancillary Services or designee by April 28, 2022 on the importance of timely sensitivity testing. A calendar reminder will be placed in the Supervisor of Ancillary Services or designee's calendar to remind the facility of upcoming sensitivity testing once the initial corrective action sensitivity testing (noted in #1) has taken place. 4) The Supervisor of Ancillary Services or designee will audit sensitivity testing to ensure it is being done in a timely manner. These audits will be done at the following frequencies and durations –	4/28/22

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K 347	Continued From page 4 exceeding the required two-year test interval. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 347	weekly until the corrective action sensitivity testing (noted in #1) is completed. 5) The corrective action will be completed by April 28, 2022.	
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) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised	K 351	1) A sprinkler head will be added in the east portion of the 200-wing closet which	4/28/22

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K 351	Continued From page 5 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. Observation determined the 200 Wing Air Handling Unit Room had no sprinkler coverage on the east side of the air handling unit. The deficiency affected one (1) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	houses the HVAC unit by April 28, 2022. 2) All other portions of the facility have the ability to be affected by this deficient practice. 3) Education will be provided to the maintenance staff or designee by April 28, 2022 on the importance of proper and effective sprinkler coverage. 4) The Supervisor of Ancillary Services or designee will audit that the sprinkler head is installed. These audits will be done at the following frequencies and durations □ weekly until the corrective action sprinkler head installation (noted in #1) is completed. 5) The corrective action will be completed by April 28, 2022.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase,	K 511	1) A GFCI outlet will be installed in each of the six identified locations by April 28, 2022. 2) All other portions of the facility have	4/28/22

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K 511	Continued From page 6 15- and 20-ampere receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, locker rooms with associated showering facilities, garages and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Three (3) electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. 2) Two (2) electrical receptacles in the PT Shower Room were not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the 100 Wing Janitor Closet within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected six (6) of numerous receptacles in the facility.	K 511	the ability to be affected by this deficient practice. 3) Education will be provided to the maintenance staff or designee by April 28, 2022 on the importance of a GFCI outlet in its regulated areas. 4) The Supervisor of Ancillary Services or designee will audit that the GFCI outlets (as noted in #1) will be installed. These audits will be done at the following frequencies and durations weekly to follow up on installation plans until the GFCI outlets are installed. 5) The corrective action will be completed by April 28, 2022.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm	K 712		4/28/22

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K 712	Continued From page 7 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 no fire drills were conducted on the Night Shift during the first and fourth quarters in the past year. 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) The corrective action cannot be accomplished as the first and fourth quarters of last year have passed. 2) All other portions of the facility have the ability to be affected by this deficient practice. 3) Education will be provided to the maintenance staff or designee by April 28, 2022 on the importance of rotating the fire drills each quarter on each of the three shifts. 4) The Supervisor of Ancillary Services or designee will audit fire drills to ensure they have been conducted on a rotating basis for all three shifts each quarter. These audits will be done at the following frequencies and durations – monthly for six months. 5) The corrective action will be completed by April 28, 2022.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source	K 918		4/28/22

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K 918	Continued From page 8 and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff	K 918	1) The corrective action cannot be accomplished as the aforementioned missed weekly and monthly generator inspection dates have passed. 2) The only portion of the facility which	

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K 918	Continued From page 9 determined: 1) The weekly inspection of the emergency generator was not conducted for the weeks of 05/23/2021, 07/11/2021, and 08/22/2021 during the past year. 2) The monthly test of the emergency generator was not conducted during February 2022. 3) The monthly test of the emergency generator conducted on 08/06/2021 was less than 20 days from the previous monthly test on 07/28/2021. 4) The monthly test of the emergency generator conducted on 10/06/2021 was less than 20 days from the previous monthly test on 09/29/2021. 5) The monthly test of the emergency generator conducted on 07/28/2021 exceeded 40 days from the previous monthly test on 06/16/2021. 6) The monthly test of the emergency generator conducted on 09/29/2021 exceeded 40 days from the previous monthly test on 08/06/2021. 7) The monthly test of the emergency generator conducted on 12/29/2021 exceeded 40 days from the previous monthly test on 11/10/2021. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	has the ability to be affected by this deficient practice is the generator. 3) Education will be provided to the maintenance staff or designee by April 28, 2022 on the importance of a weekly inspection and monthly load test of the generator in a timely manner. 4) The Supervisor of Ancillary Services or designee will audit weekly and monthly generator testing to ensure they are done within a timely manner. These audits will be done at the following frequencies and durations – weekly for three months and monthly for three months. 5) The corrective action will be completed by April 28, 2022.	

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