| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355104 | A. BUILDING _____ B. WING _____ | 05/24/2023 |

| 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<br><br>A recertification survey conducted on 05/24/2023 found Good Samaritan Society-Lakota in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. | E 000 | | |

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

Electronically Signed | 06/05/2023

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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|---|---|---|---|
| | 355104 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **05/24/2023** |

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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>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 324 SS=D | Cooking Facilities<br>CFR(s): NFPA 101<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* 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<br>* 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<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>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.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through | K 324 | | 7/8/23 |

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Electronically Signed | 06/05/2023

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| K 324 | Continued From page 1<br>19.3.2.5.5, 9.2.3, TIA 12-2<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to install cooking equipment in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.<br><br>A readily accessible means for manual activation shall be located between 1067 mm and 1219 mm (42 in. and 48 in.) above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. 19.3.2.5.1, 9.2.3, NFPA 96 10.5.1.<br><br>Observation determined the manual actuation device for the fire-extinguishing system serving the Kitchen exhaust hood was mounted at a height of more than forty-eight (48) inches above the floor. The manual pull was 54 inches above the floor.<br><br>Failure to inspect, maintain, and install the wet chemical extinguishing system in accordance with NFPA 96 increases the risk of injury or death due to fire.<br><br>This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility. | K 324 | 1. The manual activation device will be installed between 42 and 48 inches above the floor by GSS-Lakota's contracted fire protection agency.<br>2. This area of the building is the only area where a manual actuation device for the fire-extinguishing system would be located.<br>3. Education will be provided to the Supervisor of Ancillary Services as to this regulation so this deficient practice will not recur.<br>4. Audit will be completed by the Supervisor of Ancillary Services that the manual activation device is installed and installed correctly between 42 to 48 inches by July 8, 2023.<br>5. The date this corrective action will be completed will be by July 8, 2023. | |
| K 712<br>SS=E | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm | K 712 | | 7/8/23 |

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| K 712 | Continued From page 2<br>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.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to conduct fire drills as required.<br><br>Fire drill records review determined:<br><br>1) The AM Shift fire drill conducted during November 2022 did not include the simulation of an emergency phone call to the fire department.<br><br>2) No fire drills were conducted on the Night Shift during the third quarter in the past year.<br><br>Failure to conduct fire drills as required increases the risk of death or injury due to fire.<br><br>The deficiency affected two (2) of twelve (12) drills in the past year. | K 712 | 1. No corrective action is possible as these two errors occurred in the past. Moving forward, GSS-Lakota fire drills will be completed in all three shifts of the day each quarter and 911 will be called in the event of a drill or actual fire.<br>2. All portions of the facility have the potential to be affected.<br>3. Education will be provided to the Supervisor of Ancillary Services and/or his designees on the appropriate cadence of fire drills as well as the fact that 911 must be called during the event of a fire.<br>4. Audits will be completed every month to ensure the fire drills are done on every shift once per quarter and that 911 is called during the event of a fire.<br>5. The corrective action will be completed by July 8, 2023. | |