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 _____	C **10/11/2023**

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
K 000	INITIAL COMMENTS This complaint 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 741 SS=L	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.	K 741		10/31/23

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

Electronically Signed | 10/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 741	Continued From page 1 (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: The facility must provide appropriate means of disposing of smoking materials to prevent a fire from occurring in the facility or to a person. The facility failed to provide ashtrays of noncombustible material and safe design and provide a metal container with a self-closing cover into which ashtrays can be emptied, in the designated smoking area as required. Observation on 10/11/23 at 11:00 a.m., showed cigarette butts discarded on tables, chairs, and the ground throughout the designated smoking area. The area lacked ashtrays of noncombustible material and safe design and a metal container with a self-closing cover into which ashtrays can be emptied. Failure to follow smoking regulations increases the risk of injury, death, or damage to the building due to fire. This deficiency affected the entire facility. During the complaint survey, the team determined an Immediate Jeopardy (IJ) situation existed on 10/11/23 at 11:00 a.m. The IJ resulted from the facilities failure to provide ashtrays of noncombustible material and safe design and provide a metal container with a self-closing	K 741	1. All cigarette butts were removed from the garden area as well as non-combustible containers placed in the garden area on October 11, 2023. 2. All outdoor areas surrounding the building have the potential to be affected. We will place a fire extinguisher within the vestibule between the building and the garden. 3. Education will be provided on October 31, 2023 to all staff on proper smoking safety, and that non-combustible containers are in place and emptied on regular basis. 4. The Director of Nursing or designee will audit staff that smoke to ensure they are utilizing the proper smoking safety precautions, and that non-combustible containers are in place and emptied on regular basis. These audits will be once weekly for two months, every two weeks for two months and every month for two months. These audits will be integrated into the quality assurance program. 5. This corrective action will be completed by October 31, 2023.	

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K 741	Continued From page 2 cover into which ashtrays can be emptied, in the designated smoking area as required to prevent a fire from occurring in the facility or to a person. * 10/11/23 at 1:08 p.m., The survey team contacted the State Survey Agency (SSA) to report the findings and discuss potential immediate jeopardy (IJ). * 10/11/23 at 3:28 p.m., The SSA contacted the survey team after discussion with the CMS (Centers for Medicare & Medicaid Services) location and verified the presence of IJ. *10/11/23 at 5:28 p.m., The survey team notified the administrator and the executive director of the IJ situation, provided them with the IJ template, and requested they develop a plan for removal of the immediate jeopardy. * 10/11/23 at 6:29 p.m., The administrator presented the IJ removal plan for the survey team to review. The removal plan contained the following: * Immediate actions were taken by administrator and Maintenance Director on 10/11/2023 by removing non-compliant ashtrays. * Cigarette butts were properly disposed of. * At 4 PM on 10/11/2023, new ashtrays that were made of non-combustible materials and a metal container with a self-closing lid was located in the smoking area. * 10/11/23 at 6:38 p.m., The survey team reviewed and accepted the facility's removal plan for the IJ. The survey team verified the implementation of the removal plan. The deficient	K 741		

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K 741	Continued From page 3 practice remained at an "F" scope and severity following the removal of the IJ.	K 741		