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 _____	R-C **11/14/2023**

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 onsite revisit 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 continued 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=F	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}		11/28/23

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

Electronically Signed | 11/20/2023

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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 failed to ensure all building occupants adhered to the facilities Smoking Policy. The facilities Smoking Policy that was implemented on 04/01/2023 only allows for smoking in the outdoor garden space to the west of the building that is identified as the resident designated smoking area. Observation on 10/14/23 at 2:00 p.m. and interview with staff determined the area near the north exterior exit from the 200 Wing had a chair and an "outpost" type ashtray and was being used as a resident smoking area that was not identified on the facilities smoking policy as a designated smoking area. Failure to ensure smoking policies are followed increases the risk of injury, death, or damage to the building due to fire. This deficiency affected the entire facility.	{K 741}	1) The 200-wing outpost and chair was removed on 11/14/23. 2) All residents have the potential to be affected by this deficient practice. 3) The GSS-Lakota Smoking Procedure will be updated to include a clause regarding facility discretion for an alternate resident smoking area in extenuating circumstances. Education will be provided to all residents whom smoke and all staff on utilizing the designated smoking areas, the proper installation of non-combustible containers in the smoking area, that residents are at least 20 feet from any entrance or operating window, and that resident and staff smokers are properly disposing of their cigarette butts and utilizing safe smoking practices. Documentation of this education will be obtained by having each staff member read the policies and accompanying safe smoking practices and sign and date that they have read and understand the material. 4) Audits will be completed by the Director of Nursing or designee on the adherence to the GSS-Lakota Smoking Procedure and GSS Smoking Policy and Procedure, including residents utilizing the designated smoking areas, the proper	

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{K 741}	Continued From page 2	{K 741}	installation of non-combustible containers in the smoking area, that residents are at least 20 feet from any entrance or operating window, and that resident and staff smokers are properly disposing of their cigarette butts and utilizing safe smoking practices. These audits will be completed once every week for two months, once every two weeks for two months, and once per month for two months. 5) The corrective action will be completed by November 28, 2023.	