

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355104		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2016	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - LAKOTA				STREET ADDRESS, CITY, STATE, ZIP CODE 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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). 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 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: The facility failed to keep exit corridors free of obstructions. During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the corridor doors to the Storage Rooms in the 100, 200, and 300 wings opened outward into the exit corridor and projected more than 7 inches from the wall when fully opened. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.			K 038	1. How will the corrective action be accomplished? To be compliant, on-hand automatic door closers that allow for a 180 degree door-swing will be installed replacing the existing door closers that allow only a 90 degree door swing on the three storage room doors identified as deficient. In addition, handrails will be removed in the hallway allowing the doors to be opened fully against the hallway wall without projecting more than 7 inches into the hallway. 2. How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice. All facility doors were surveyed on 2/9/16 and no other existing doors were		3/11/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/18/2016

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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K 038	Continued From page 1 This deficiency affected three (3) of numerous corridor doors in the means of egress throughout the facility and three (3) of five (5) exit access corridors.	K 038	identified as deficient. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All proposed building modifications will be coordinated in advance with the ND Dept. of Health Division of Life Safety and Construction as well as the Good Samaritan Society; Construction / Design / Environmental Services department to ensure compliance with all applicable NFPA codes. 4. How the facility will monitor its corrective action(s) to ensure the deficient practice is being corrected and will not recur. Utilizing ND Dept. of Health and Good Samaritan Society construction departments, as noted in item 3 above, prior to facility modifications will help ensure code compliance and eliminate future deficiencies. 5. Date(s) when the corrective action(s) will be completed. All actions will be completed no later than March 11th, 2016.		