STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355104	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/14/2016**

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 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 321 SS=E	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321		12/29/16

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

Electronically Signed | 11/23/2016

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K 321	Continued From page 1 c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions. Observation determined: 1) The ceiling in the Laundry Room had an unsealed 24" x 36" gypsum board patch. 2) The ceiling in the Maintenance Office/ Mechanical Room had a 24" x 36" opening in the gypsum board. 3) There were unsealed pipe and conduit penetrations in the ceiling and walls of the Maintenance Office/ Mechanical Room. Failure to ensure hazardous areas are separated from other spaces by smoke-resisting partitions	K 321	1. The facility maintenance staff will patch and seal both the Laundry Room and Maintenance Office ceiling openings. In addition, the pipes and conduit will be repaired and sealed in the maintenance office. 2. The facility maintenance staff will conduct a review of all hazardous areas smoke resisting-partitions in entire building and patch any openings immediately. The Environmental Services staff will also identify any other areas that need repair or maintenance. 3. An annual task will be placed in the TELS system to review any hazardous areas smoke resisting-partitions. A task will also be placed after any minor or major repair work to the hazardous areas smoke resisting-partitions. Documentation of any maintenance or repairs regarding hazardous areas smoke resisting-partitions will be noted in TELS. 4. A walk-through of the entire facility will be conducted quarterly. For the next six months, each hazardous area will be delineated within the safety audit tool and an inspection will be conducted. 5. This corrective action will be completed on or before December 29,	

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K 321	Continued From page 2 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 321	2016.	
K 347 SS=F	NFPA 101 Smoke Detection 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 STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	1. The facility maintenance staff will identify any smoke detectors within three feet of an air supply diffuser or return air opening and move the smoke detectors to compliance. 2. The facility maintenance staff will conduct a review of all smoke detectors in entire building and identify any other areas that need repair or maintenance. 3. Any future smoke detectors that are installed will be three feet from an air supply diffuser or return air opening. 4. No monitoring of this corrective action will be necessary due to the permanence of this physical change. Any future smoke detectors that are installed will be three feet from an air supply diffuser or return air opening. 5. This corrective action will be completed on or before December 29, 2016.	12/29/16
K 351 SS=E	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by	K 351		12/29/16

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K 351	Continued From page 3 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 STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Sprinklers in high-temperature zones shall be of the high-temperature classification. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) 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. Record review and observation determined two (2) sprinklers in the North Mechanical Room and one (1) sprinkler the Maintenance Office/ Mechanical Room installed within 7 ft. of unit heaters were not high-temperature-rated. NFPA 13 requires high-temperature-rated sprinklers	K 351	1. The facility's contracted fire protection company will replace two sprinkler heads in the North Mechanical Room and one sprinkler head in the Maintenance Office to be high-temperature rated, as they are within seven feet of unit heaters. 2. The facility maintenance staff will conduct a review of all sprinkler heads in entire building within seven feet of a unit heater and replace with high-temperature rated heads immediately. This review will be in conjunction with the facility's contracted fire protection company recommendations. The maintenance staff will also identify any other areas that need repair or maintenance. 3. Any recommendations made by the facility's contracted fire protection company will be followed. 4. No monitoring of this corrective action	

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K 351	Continued From page 4 within 7 ft. of unit heaters. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected three (3) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	will be necessary due to the permanence of this physical change. Any recommendations made by the facility's contracted fire protection company will be followed. 5. This corrective action will be completed on or before December 29, 2016.	
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Automatic sprinkler systems are continously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and	K 353	1. The facility's contracted fire protection company will modify the Front Entry Canopy dry sprinklers to be in compliance. In addition, the maintenance staff will work with the sprinkler system's original installer to have the appropriate	12/29/16

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K 353	Continued From page 5 maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and observation determined: 1) The dry sprinklers in the Front Entry Canopy were damaged and had not been tested or replaced in the past 10 years. 2) There were no hydraulic nameplates attached to the wet and dry sprinkler systems. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	wet and dry systems hydraulic name plates installed. 2. The facility's contracted fire protection company will conduct a review of the entire dry sprinkler system. Any recommendations made by the facility's contracted fire protection company will be followed. 3. The facility's contracted fire protection company will conduct a review of the entire dry sprinkler system. Any recommendations made by the facility's contracted fire protection company will be followed. 4. No monitoring of this corrective action will be necessary due to the permanence of this physical change. Any recommendations made by the facility's contracted fire protection company will be followed. 5. This corrective action will be completed on or before December 29, 2016.	
K 355 SS=E	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic	K 355	1. The facility maintenance staff will immediately inspect the fire extinguishers in the Laundry Room and by the	12/29/16

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K 355	Continued From page 6 monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined: 1) The inspection tag on the portable fire extinguisher in the Laundry Room had not been initialed to indicate a monthly inspection during September 2016. 2) The inspection tag on the portable fire extinguisher located by the penthouse ladder had not been initialed to indicate a monthly inspection during August, September and October of 2016. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous portable fire extinguishers in the facility.	K 355	penthouse ladder. In the future, the facility maintenance staff will continue to inspect fire extinguishers monthly. 2. A monthly task will be placed in the TELS system that includes the location of all extinguishers to be inspected. Documentation of any inspections of fire extinguishers will be noted in TELS. 3. If any new fire extinguishers are added to the facility, and the TELS task will be updated. 4. A list of all extinguishers will be added to the quarterly safety audits conducted within the safety committee. These audits will be conducted for six months by facility department head staff. 5. This corrective action will be completed on or before December 29, 2016.	
K 511 SS=E	NFPA 101 Utilities - Gas and Electric 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	K 511		12/29/16

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K 511	Continued From page 7 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. 19.5.1.1, 9.1.2 Observation determined: 1) There was an open electrical junction box on the ceiling in the Laundry Room. 2) There was an open electrical junction box on the ceiling in the Maintenance Office/ Mechanical Room. Failure to ensure electrical wiring is in accordance with NFPA 70 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous components of the electrical system in the facility.	K 511	1. The facility maintenance staff will cover the identified open electrical junction boxes in the ceilings of the Laundry Room and Maintenance Office. 2. The facility maintenance staff will conduct a review of all electrical junction boxes to ensure they are covered and identify any other areas that need repair or maintenance. 3. Any further repair/maintenance/construction to be done on ceilings or walls will be reviewed for open electrical junction boxes. Any open electrical junction boxes will be covered. 4. The facility maintenance staff will conduct a quarterly preventative maintenance inspection in TELS of all electrical junction boxes. 5. This corrective action will be completed on or before December 29, 2016.	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	K 901		12/29/16

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K 901	Continued From page 8 This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2 Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	1. A facility risk assessment of building systems was completed on November 18, 2016 by the facility maintenance staff. 2. The facility risk assessment of building systems will be updated annually by the facility maintenance staff. 3. Any new equipment or systems will be added to the risk assessment as needed and properly assessed by the facility maintenance staff. 4. An annual preventative maintenance inspection will be added in TELS by facility maintenance staff. 5. This corrective action will be completed on or before December 29, 2016.	
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual	K 923		12/29/16

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K 923	Continued From page 9 cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Storage for nonflammable gases greater than 300 cu. ft., but less than 3000 cu. ft. shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor and shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 20 feet. (2) Minimum distance of 5 feet if the entire storage location is protected by an automatic sprinkler system. (3) Enclosed cabinet of noncombustible construction having a minimum fire protection	K 923	1. The facility maintenance staff will remove twelve canisters of oxygen from garage area in order to comply with 300 cubic feet in each smoke compartment. 2. The oxygen will continue to be stored on carts that hold only 12 size-E cylinders ensuring that we do not exceed the 300 cubic foot limit per smoke compartment. There are only four compartments that have the potential to be affected. Resident rooms and resident wheelchairs will be monitored to ensure there are no more than 12 cylinders of oxygen in each compartment. The facility maintenance staff will be responsible to ensure this occurs. 3. The following measures will be put in	

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K 923	Continued From page 10 rating of 1/2 hour. NFPA 99, 11.3.2, 11.3.2.1, 11.3.2.2, 11.3.2.3 The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99, Health Care Facilities Code. Observation determined the Garage contained twenty four (24) E size oxygen cylinders and had combustibles stored closer than five (5) feet from the oxygen cylinders. This number of cylinders exceeds 300 cu. ft. Failure to ensure oxygen storage is in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected one (1) of four (4) smoke compartments.	K 923	place to ensure this deficient practice does not recur: Daily checks of the four smoke compartment oxygen storage carts will be conducted by maintenance staff to ensure no more than 12 cylinders are stored in any one zone. Maintenance staff will ensure that all empty oxygen cylinders are collected and moved to smoke compartment four for all new cylinder deliveries, and return filled cylinders to each smoke compartment ensuring no more than 12 cylinders are stored in each area. All current nursing and maintenance staff will be trained on this new procedure. This procedure will be added to our facility training to ensure new staff are trained. In the event that the maintenance staff is absent during an oxygen delivery, all department heads will be trained on how to collect and store empty cylinders of oxygen so that we do not exceed the 12 cylinders per compartment. The facility maintenance staff will be responsible to ensure this occurs. 4. Adjustments to the quarterly oxygen storage safety audits will be made to clarify monitoring of oxygen storage. These audits will be conducted for 6 months by facility department head staff. 5. This corrective action will be completed on or before December 29, 2016.	