STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355097	A. BUILDING _____ B. WING _____	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - LARIMORE	**501 E FRONT ST LARIMORE, ND 58251**

(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 A recertification survey conducted on 02/24/2025 found Good Samaritan Society - Larimore 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 | 03/11/2025

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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	355097	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/24/2025**

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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 V (000) construction that was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A one-story Wellness Center addition was attached to the northeast end of the nursing home in 2014 of Type V (111) construction. A two-hour fire rated wall assembly separated the nursing home from an assisted living occupancy attached to the south end of the building.	K 000		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of	K 271	1. On 3/6/2025 the administrator completed removing the snow and ice from the north exit from the Living Room and the east exit from the Wellness	3/10/25

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K 271	Continued From page 1 obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 The facility failed to provide a walking surface to a public way free of obstructions. Observation determined the sidewalks outside the north exit from the Living Room and the east exit from the Wellness Center were covered with snow and ice. Failure to provide a walking surface free of obstructions to a public way increases the risk of injury or death due to fire. This deficiency affected two (2) of six (6) exits in the means of egress in the facility.	K 271	Center egress pathways. 2. All residents utilizing the north exit from the Living Room and east exit from the Wellness Center for egress have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will inspect the north exit from the Living Room and the east exit from the Wellness Center egress pathways are free from snow and ice in accordance with NFPA code requirements. 4. The administrator or designee will audit the north exit from the Living Room and the east exit from the Wellness Center egress pathways to ensure they are free from obstructions. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows:	K 291	1. On 3/6/2025 Sterling Carpet One Floor & Home services completed repair of the battery powered emergency lights	3/10/25

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K 291	Continued From page 2 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct monthly 30-second tests in December 2024 or January 2025 or a 90-minute annual test of the emergency battery back-up lights in the past year. Observation determined the battery powered emergency lights in the Generator Room and the corridor near the Wellness Center failed to illuminate when tested. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights in the building.	K 291	in the Generator Room and the corridor near the Wellness Center. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will inspect and test the battery powered emergency lights in the Generator Room and the corridor near the Wellness Center in accordance with NFPA code requirements. 4. The administrator or designee will audit the battery powered emergency lights. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	

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K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 or 19.3.5.9. 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, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) 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 REQUIREMENT 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	K 321	1. On 3/6/2025 the Maintenance director RM and associate CD from our sister facility Souris Valley Care Center/ GSS Velva completed repairs on the Laundry Room door to ensure the door self-closed	3/10/25

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K 321	Continued From page 4 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 and latching doors. Observation determined the corridor door to the Laundry Room failed to self-close and latch into the door frame. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	and latched properly. 2. All Residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will inspect the Laundry Room door to ensure the door self-closes and latches in accordance with NFPA code requirements. 4. The administrator or designee will audit the Laundry Room door to ensure the door self-closes and latches in accordance with NFPA code requirement. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * 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 * 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	K 324		3/10/25

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K 324	Continued From page 5 * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. 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. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Automatic wet chemical fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and NFPA 17A, Standard for Wet Chemical Extinguishing Systems. 19.3.2.5.1, 9.2.3, NFPA 96 10.2.6(4). The facility failed to inspect, test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems and NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 1) On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection	K 324	1. On 10/29/2024 the "Hood Guys kitchen exhaust hood vendor completed inspection and service. The inspection and service were completed on 10/15/2025. This is set on a biannual inspection and servicing. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will ensure the kitchen exhaust hood vendor inspection is completed monthly. 4. The administrator or designee will audit the exhaust hood inspection and service was completed in accordance with NFPA code requirements. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring.	

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K 324	Continued From page 6 shall include verification of the following: (1) The extinguishing system is in its proper location. (2) The manual actuators are unobstructed. (3) The tamper indicators and seals are intact. (4) The maintenance tag or certificate is in place. (5) No obvious physical damage or condition exists that might prevent operation. (6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. (7) The nozzle blowoff caps, where provided, are intact and undamaged. (8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. NFPA 17A 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed during December 2024 and January 2025.	K 324	5. Substantial compliance achieved by 3/10/2025.	

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K 324	Continued From page 7 2) Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. NFPA 96 11.2.1. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was last inspected and serviced on 01/09/2024. No record was available indicating a service inspection was completed in the past year. Failure to install, inspect, test and maintain the wet chemical extinguishing system in accordance with NFPA 96 and NFPA 17A increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 _____	K 353		3/10/25

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K 353	Continued From page 8 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 REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously 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 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. 1) Review of documentation determined the fire pump was not run during December 2024 or January 2025. 2) Record review and interview with staff determined the control valves and gauges of the automatic sprinkler system had not been inspected during all months in the past year. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due	K 353	1. On 3/4/2025 Dakota Fire completed running of the fire pump and inspection of the control valves and gauges of the automatic sprinkler system. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, administrator or designee will ensure the fire pump is run and inspection of the control valves and gauges of the automatic sprinkler system are completed in accordance with NFPA code requirements. 4. The administrator or designee will audit the fire pump run and inspection of the control valves and gauges of the automatic sprinkler system. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	

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K 353	Continued From page 9 to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 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 REQUIREMENT 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 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 and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Record review determined no documentation was available to indicate monthly inspections of portable fire extinguishers throughout the facility were conducted during all months in the past year. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected numerous portable fire extinguishers throughout the facility.	K 355	1. On 3/6/2025 the administrator was trained by the Maintenance director RM from GSS- Velva on the code requirement of completing the monthly required inspection of the portable fire extinguishers. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will complete inspections of the portable fire extinguishers throughout the facility in accordance with NFPA code requirements. 4. The administrator or designee will audit the monthly inspections of the portable fire extinguishers throughout the facility. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine	3/10/25

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K 355	Continued From page 10	K 355	ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills were conducted on the first shift during the second quarter of 2024. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	1. On 3/6/2025 the Maintenance director RM from GSS- Velva completed the makeup fire drill for the first shift second quarter of the previous year. Training was conducted to ensure fire drills are conducted one shift per quarter no closer than 90 minutes from the drill previously conducted for the shift. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will ensure fire drills are conducted one per shift per quarter no closer than 90 minutes from the drill previously conducted for the shift in accordance with NFPA code requirement. 4. The administrator or designee will	3/10/25

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	355097	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/24/2025**

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GOOD SAMARITAN SOCIETY - LARIMORE	**501 E FRONT ST** **LARIMORE, ND 58251**

(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 712	Continued From page 11	K 712	audit to ensure fire drills are conducted one shift per quarter no closer than 90 minutes from the drill previously conducted for the shift. Audits will occur 1x month for 3 months, and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by 3/10/2025.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the	K 918		3/10/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355097	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/24/2025**

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K 918	Continued From page 12 components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined: 1) The weekly inspection of the emergency generator was not conducted for all weeks during the past year. 2) No monthly load tests of the emergency generator were conducted during December 2024 or January 2025. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	1. On 3/6/2025 the administrator was trained by Maintenance director RM from GSS- Velva y on NFPA code requirements for emergency generator to ensure weekly visual inspection and monthly load bank tests are conducted. 2. All residents have the potential to be impacted. 3. To ensure deficient practice does not recur, the administrator or designee will ensure emergency generator has a visual inspection and monthly load bank tests are completed in accordance with NFPA code requirements. 4. The administrator or designee will audit ensure weekly visual inspections and monthly load bank testing is conducted. Audits will occur 1x week for 4 weeks, 1x month for 2 months and in accordance with NFPA code requirements thereafter. The administrator or designee report findings to the QAPI committee. The QAPI committee will determine ongoing interventions and monitoring. 5. Substantial compliance achieved by	

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 918	Continued From page 13	K 918	3/10/2025.	