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 _____	**09/16/2014**

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
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 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction that is protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. 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	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing door assemblies.	K 029	K029 All items in the 100 wing shower room will be removed as we are in the process of restoring this room to be a shower room. All storage rooms in the facility have the potential to be affected. An audit of all store rooms will be performed by the Maintenance Director or designee to ensure all storage rooms have a self-closing device and that they are in working order. Any storage room that does not have a self-closing device will have one installed.	10/31/14

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

Rita J. Coffey — Administrator — 9-29-14

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.

emailed 10-6-14

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K 029	Continued From page 1 Observation determined the 100 Wing Shower Room was being used for storage and the door did not have a self-closing device. Failure to separate hazardous areas from other spaces increases the risk of death or injury due to fire. The deficiency affected one (1) of sixteen (16) hazardous areas in the facility.	K 029	In 6 months, all storage rooms will be audited by the maintenance director or designee to ensure that the self-closing devices are in working order. Results of audits will be reported to the Quality Assurance Committee for further recommendations.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required by NFPA 72, National Fire Alarm Code. Load voltage tests were conducted annually with the last test performed on 10/14/2013.	K 052	K052 Load voltage tests of the sealed lead acid batteries were conducted on September 12, 2014. The next test will be performed by March 12, 2015. To ensure compliance of inspection of the batteries on a semi-annual basis, due dates will be put into our TELS system. The QA committee will monitor for completion of these tests.	10/31/14

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K 052	Continued From page 2 Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: The facility failed to install grease filters in the kitchen exhaust hood. Observation determined there were no grease filters installed in the kitchen exhaust hood. Failure to maintain kitchen exhaust hoods increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) kitchen exhaust hood in the facility.	K 069	The grease filters were installed in the kitchen exhaust hood on Sept. 17/14. The maintenance director or designee will perform audits weekly for 4 weeks to ensure that the grease filters are in place, then monthly for 3 months. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up.	10/31/14
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076		

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K 076	Continued From page 3 (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. Observation determined: 1) Combustible materials including tubing, masks, shelving, bulletin board, and trash can were stored closer than five (5) feet from the oxygen cylinders in the Oxygen Storage Room. 2) The Oxygen Storage Room contained thirty-eight (38) E size oxygen cylinders and had electrical wall fixtures installed less than five (5) feet above the floor. This number of cylinders exceeds 300 cu. ft. and requires additional protection to the storage room. This deficiency affected one (1) of two (2) smoke compartments in the facility. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 Section 16-3.8.1, 8-3.1.11.2(c)2, 8-3.1.11.2(f), 4-3.1.1.2(c)11d	K 076	All of the combustible materials, including tubing, masks, shelving, bulletin board and trash can have been removed from the oxygen room. The oxygen store room will be upgraded to "limited combustible construction" as referenced NFPA99 8.3.1.11.2 to allow for storage of oxygen up to 3000 cu ft. Non-combustible wall board will be installed on the walls and ceiling of the room. The maintenance director or designee will perform audits weekly for 4 weeks to ensure that there are no combustible materials in the oxygen room, then monthly for 3 months. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up.	10/31/14
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 4 This STANDARD is not met as evidenced by: 1) The facility failed to ensure the storage of LP gas met the requirements of the NFPA 58, Liquefied Petroleum Gas Code. Loose or piled combustible material and weeds and long dry grass shall not be permitted within 10 ft (3.0 m) of any container. Observation determined overgrowth of vegetation above and around the LP gas tank. Failure to ensure storage of liquefied petroleum gas in accordance with NFPA 58 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) LP gas storage tank, which serves the entire facility. 2) Listed clothes dryers must be installed in accordance with their listing and the manufacturers' instructions. Unlisted clothes dryers shall be installed with clearances to combustible material of not less than 18 in. NFPA 54, National Fuel Gas Code. The facility failed to ensure adequate clearance was maintained between combustible materials and gas fuel-fired clothes dryers. Observation determined there was heavy lint buildup on three (3) of three (3) gas fuel-fired clothes dryers in the Laundry Room. Failure to ensure proper clearance of combustible	K 130	The weeds and grass around the LP gas tank have been removed. The area will be treated with a "kill" chemical so that they will not grow back. The maintenance director or designee will audit the area on a weekly basis, until the ground is frozen to ensure that the weeds do not grow back. This will be documented and reported to the QA committee. The lint has been cleaned off the 3 gas dryers, and the room behind the dryers has been swept to remove all the lint. The lint in the lint screens of the dryers will be removed daily by laundry staff. The back of the dryers and the room behind the dryers will be cleaned weekly by the laundry staff. The maintenance staff will vacuum the back of the dryers and the room behind the dryer on a monthly basis. A check-off sheet will be kept in the laundry room for staff to document the weekly and monthly cleaning. Audits of the cleanliness of the dryers will be performed by the maintenance director or designee weekly for 4 weeks, then monthly for 3 months. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up.	10/31/14

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K 130	Continued From page 5 materials and gas fuel-fired clothes dryers increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) laundry room in the facility.	K 130		