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 _____	**09/22/2015**

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 18 New Health Care Occupancies and 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 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 one-story Wellness Center addition was attached to the northeast end of the nursing home in 2014 of Type V (111) construction. The Wellness Center was surveyed under Chapter 18 New Health Care Occupancies. 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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		11/6/15

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

Electronically Signed | 10/05/2015

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure corridor doors were equipped with automatic latching hardware suitable for keeping the doors closed and resistant to the passage of smoke. Observation determined the double set of corridor doors to the Linen Room in the 100 Wing were not automatic latching. The secondary door was equipped with a manual latching lever. Failure to ensure corridor doors are provided with automatic latching hardware increases the risk for death or injury due to fire. This deficiency affected one (1) of numerous corridor doors in the facility.	K 018	Automatic latches will be installed on the doors in the linen room in the 100 wing. All doors leading to an exit corridor have the potential to be affected. An audit of all doors in the corridors will be conducted to ensure that all doors have a means suitable for keeping the door closed. Any doors that open into the corridor that have roller latches will be replaced with an automatic latch. On an annual basis the maintenance director or designee will audit all doors to ensure that all doors are in compliance. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up.	
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	K 038		11/6/15

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. 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 following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Phone Room. 2) The corridor door to the Oxygen Supply Room. 3) The corridor door to the Storage Room in the 200 Wing. 4) The double sets of doors to the Linen Closets in the 200 and 300 Wings. This deficiency affected seven (7) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire.	K 038	The doors opening into the corridor will brought into compliance by the following actions: 1) The closure of the door to the phone room will be adjusted so that it does not project more than 7 inches into the corridor when open. The hand rail behind the open door will be removed. 2)The closure of the door to the oxygen supply room will adjusted so that it does not project more than 7 inches into the corridor when open. 3)The closure of the door to the storage room will be adjusted and the cover of the fire alarm pull will be removed so that the door does not project more than 7 inches into the corridor when open. 4)The closures of the double sets of doors to the linen closets in the 200 and 300 wings will be adjusted so that they do not project more than 7 inches into the corridor when open. The hand rails behind the open doors have been removed. All doors opening into a corridor have the potential to be affected. An audit of all doors will be conducted by the maintenance director. Any doors that project more than 7 inches into the corridor when open will be corrected to be in compliance.	

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K 038	Continued From page 3	K 038	On an annual basis the maintenance director or designee will audit all doors that open to a corridor. All closures will be inspected to be sure they are in working order and allow the door to extend to within 7 inches of the wall when open. Results of the audits will be reviewed by the QA committee for recommendations and/or follow-up.	